

TOWN OF KENSINGTON

APPLICATION FOR EMPLOYMENT

The Town of Kensington is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender (including pregnancy), genetic information, national origin, age, sexual orientation, gender identity, veteran status, status as a qualified individual with a disability or any other legally protected status.

This is a non-smoking environment.

PERSONAL INFORMATION:

Name: _____

Last

First

Middle

Present Address: _____

Street

City

State

Zip Code

Email Address: _____

Home Phone #: _____ Cell Phone # _____

How did you learn of the job opening with the Town of Kensington?

☐ Advertisement

☐ Referral

(If so, who?) _____

☐ Other _____

List any relatives working with us: _____

EMPLOYMENT DESIRED:

Position: _____ Salary Desired: _____ Date Available: ____/____/____

Are you available for full-time work? ☐ Yes

☐ No

If not, what hours can you work? _____

Will you work overtime if asked? ☐ Yes

☐ No

EDUCATION:

	Name & Location of School	# of Years Attended	Did you graduate?	Major Course of Study
High School				
Trade/Business School				
College/University				
Post Graduate				

Please list any professional designations or licenses currently held: _____

Please describe additional skills, training, or ability you would like to have us consider in evaluating your qualifications:

FORMER EMPLOYERS:

Company Name & Address	From:	Job Title:
	To:	Duties:
Telephone:		Reason for Leaving:
Supervisor:		
May we contact?		
Company Name & Address	From:	Job Title:
	To:	Duties:
Telephone:		Reason for Leaving:
Supervisor:		
May we contact?		
Company Name & Address	From:	Job Title:
	To:	Duties:
Telephone:		Reason for Leaving:
Supervisor:		
May we contact?		
Company Name & Address	From:	Job Title:
	To:	Duties:
Telephone:		Reason for Leaving:
Supervisor:		
May we contact?		

REFERENCES: (Give the names of three professional/non-relatives that you have known for at least one year).

Name	Address	Telephone	Occupation	Years Acquainted

OTHER INFORMATION:

Have you ever resigned from a job under threat of termination? ☐ Yes ☐ No

If yes, describe in full:

Have you previously applied or worked with the Town of Kensington? If so, in what position? _____

Original date of employment with the Town _____

Are you lawfully eligible for employment in the United States? ☐ Yes ☐ No
(Please note that verification is required by law if you are offered a position.)

PLEASE READ AND SIGN BELOW:

IN ACCORDANCE WITH MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

DATE: _____ SIGNATURE: _____

MEDICAL EXAMINATION CONSENT:

IF I RECEIVE AN OFFER OF EMPLOYMENT FROM THE TOWN OF KENSINGTON, I CONSENT TO SUBMIT TO ANY LEGALLY PERMISSIBLE MEDICAL OR PHYSICAL EXAMINATIONS, INCLUDING BUT NOT LIMITED TO BLOOD, URINE, BREATH OR OTHER EXAMINATIONS OR TESTS FOR ALCOHOL, DRUGS, PERCEPTION-ALTERING OR CONTROLLED SUBSTANCE USE, THAT MAY BE REQUESTED BY THE TOWN. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON THE RESULTS OF PRE-EMPLOYMENT MEDICAL OR PHYSICAL EXAMINATIONS. I FURTHER AGREE TO TAKE ANY SUCH LEGALLY PERMISSIBLE EXAMINATIONS THAT MAY BE REQUESTED BY THE TOWN DURING MY EMPLOYMENT, SHOULD I BE OFFERED AND ACCEPT A JOB, WITH THE UNDERSTANDING THAT THESE EXAMINATIONS WILL BE PERFORMED BY A HEALTH CARE PROFESSIONAL DESIGNATED BY THE TOWN. I FURTHER HEREBY AUTHORIZE THE RELEASE TO THE TOWN OF ALL RESULTS OF ANY SUCH TESTS OR MEDICAL OR PHYSICAL EXAMINATIONS PERFORMED ON ME AT THAT TIME BY ANY PHYSICIAN OR CLINIC TO WHICH I AM REFERRED BY THE TOWN. I FURTHER AUTHORIZE THE USE OF THIS INFORMATION BY THE TOWN FOR ANY LEGITIMATE PURPOSE IN ACCORDANCE WITH APPLICABLE LAW, INCLUDING BUT NOT LIMITED TO MY EMPLOYMENT, SUBSEQUENT PERFORMANCE EVALUATIONS, PROMOTION DECISIONS, DISCIPLINE, OR TERMINATION.

DATE: _____ SIGNATURE: _____

BACKGROUND CHECK RELEASE:

I HEREBY GIVE THE TOWN OF KENSINGTON THE RIGHT TO CONDUCT A THOROUGH BACKGROUND INVESTIGATION AND OBTAIN A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT, AS PERMITTED BY STATE AND/OR FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO: EDUCATION, REFERENCES, CREDIT HISTORY, CRIMINAL BACKGROUND, AND DRIVING RECORDS; AND I RELEASE FROM LIABILITY ALL PERSONS, COMPANIES AND CORPORATIONS SUPPLYING SUCH INFORMATION. I RELEASE, INDEMNIFY, AND HOLD HARMLESS THE TOWN AND ITS AGENTS FROM AND AGAINST ANY AND ALL LIABILITY THAT MAY RESULT FROM MAKING SUCH AN INVESTIGATION. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON THE RESULTS OF THE BACKGROUND CHECK, IN THE SOLE DISCRETION OF THE TOWN OF KENSINGTON.

DATE: _____ SIGNATURE: _____

REPRESENTATIONS BY APPLICANT:

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION OR MISREPRESENTATIONS BY OMISSION IN MY APPLICATION FORM OR ANY RELATED DOCUMENT, INTERVIEWS OR OTHER ASPECT OF MY APPLICATION CAN RESULT IN MY DISQUALIFICATION AS A CANDIDATE FOR EMPLOYMENT OR MY IMMEDIATE DISCHARGE IF ALREADY EMPLOYED.

I ALSO UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE TOWN OF KENSINGTON AND MYSELF FOR EITHER EMPLOYMENT OR FOR GRANTING OF BENEFITS. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE TOWN UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND AND AGREE THAT IT IS AT-WILL, MEANING EITHER I OR THE TOWN OF KENSINGTON MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE.

I UNDERSTAND THAT, IF ACCEPTED FOR EMPLOYMENT, IT IS NECESSARY TO ABIDE BY THE RULES AND POLICIES AND REGULATIONS OF THE TOWN OF KENSINGTON.

DATE: _____ SIGNATURE: _____