



# Town of Galena

101 S. Main Street  
Galena, Maryland 21635  
(410) 648-5151

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the Town of Galena? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

Are you able to perform the essential functions of the position or which you are applying with or without reasonable accommodation(s)?

Do you have a valid driver's license?  Yes  No

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Additional Information**

LIST ANY LICENSES AND OR CERTIFICATES (If it relates to the position in which you are applying)

LIST ANY MACHINES AND/OR EQUIPMENT YOU CAN OPERATE INCLUDING COMPUTERS (If applicable to job for which you are applying)

**Disclaimer and Signature**

*I authorize the Town of Galena to investigate any and a/l statements made in this Employment Application. If in the judgment of the Town, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn.*

*I voluntarily consent to a/low the Town of Galena or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand these questions may be about my personal or educational background, work experience, character and personality, including information of a confidential or privileged nature.*

*I understand if I am selected for an appointment to a position for the Town of Galena, I will be required to have a physical examination, including drug screen, on the basis of which I may or may not be accepted for employment.*

*I certify the information contained in this application is true, correct, and complete to the best of my knowledge. I understand that, if employed, that false statements or misleading information reported on this application or interview may result in dismissal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AS AN EQUAL OPPORTUNITY EMPLOYER**, the Town of Galena does not discriminate in hiring or other terms and conditions of employment because of an individual's race, creed, color, religion, sex, age, national origin, marital status, disability, veteran status, or any other reason prohibited by federal, state, or local law.

**AMERICANS WITH DISABILITIES ACT:** No qualified individual with a disability shall on the basis of the disability, be subjected to discrimination in employment under any service, program or activity conducted by the Town of Galena. It is also essential that the Town will not compromise safety in any of their hiring practices. The Town will make all reasonable accommodations with regard to employment of individuals and disabilities. The Town will not discriminate in any way toward any employee with regard to employment related activities (i.e.; hiring, firing, layoffs, leave, etc.). No employee will be discriminated against for their association or relationship to any disabled person.