

# HISTORIC ST. MARY'S CITY COMMISSION APPLICATION FOR EMPLOYMENT

Historic St. Mary's City  
P.O. Box 39  
St. Mary's City, MD 20686  
240-895-4960

Please print or type all information.

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

\_\_\_\_\_  
TELL US WHO YOU ARE  
\_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City County State Zip

\_\_\_\_\_  
TELL US ABOUT YOUR EDUCATON  
\_\_\_\_\_

High School Graduate or GED? Yes No If no, highest grade completed \_\_\_\_\_

School \_\_\_\_\_ Address (City, State) \_\_\_\_\_

Dates attended \_\_\_\_\_ - \_\_\_\_\_ Major course of study \_\_\_\_\_

College Graduate? Yes No If no, give total credits received \_\_\_\_\_

Name(s) and address(es) of school(s) attended:

\_\_\_\_\_ Dates attended \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Dates attended \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Dates attended \_\_\_\_\_ - \_\_\_\_\_

Major course(s) of study \_\_\_\_\_

Degree(s) and date(s) received \_\_\_\_\_

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TELL US ABOUT YOUR WORK EXPERIENCE

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**Your present or last job.**

Name of Employer \_\_\_\_\_

Address where you work(ed) \_\_\_\_\_

Your supervisor's name and telephone number \_\_\_\_\_

Your job title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Hours per week \_\_\_\_\_ Number of persons you supervised \_\_\_\_\_

Job duties (give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Your next most recent job.**

Name of Employer \_\_\_\_\_

Address where you work(ed) \_\_\_\_\_

Your supervisor's name and telephone number \_\_\_\_\_

Your job title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Hours per week \_\_\_\_\_ Number of persons you supervised \_\_\_\_\_

Job duties (give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Your next most recent job.**

Name of Employer \_\_\_\_\_

Address where you work(ed) \_\_\_\_\_

Your supervisor's name and telephone number \_\_\_\_\_

Your job title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Hours per week \_\_\_\_\_ Number of persons you supervised \_\_\_\_\_

Job duties (give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND 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.”**

Have you ever been convicted of any violation of law other than minor traffic violations? \_\_\_\_\_

If yes, give date, place of conviction, charge, and disposition of each case.

Note: A conviction record will not necessarily bar you from employment.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

You must be legally authorized to work in the United States under the United States Immigration Reform and Control Act of 1986.

You must meet all minimum qualifications to be eligible for employment. Verification will be completed by the appointing authority. You may be tested for illegal drug use.

**I hereby affirm that this application and attached resume/curriculum vitae contain no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and I will not be certified for employment in any position at historic St. Mary’s City Commission, or if already an employee of Historic St. Mary’s City Commission, I may be subject to immediate dismissal. I am aware that a false statement may be punishable under law by fine or imprisonment or both.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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

Name: \_\_\_\_\_

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

City State Zip: \_\_\_\_\_

As an applicant for a position with Historic St. Mary's City Commission, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position. I authorize a copy or facsimile of this form to be as valid as the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant