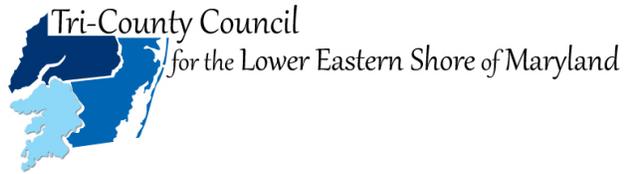


# Employment Application



[www.lowershore.org](http://www.lowershore.org)

To apply for a position, please submit your completed application form to us via e-mail at [jobs@tcclesmd.org](mailto:jobs@tcclesmd.org) - fax to 410-341-8979 - or by mail to: 31901 Tri-County Way, Suite 201-B, Salisbury, MD, 21804. You may also include a resume and/or cover letter.

**Incomplete Applications may not be considered**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

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

**Date available for work:** \_\_\_\_\_ **What is your desired salary range or hourly rate of pay?**  
\$ \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Please check the boxes for each Day & Time that you are available to work:

	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11 am
Sunday	<input type="checkbox"/>											
Monday	<input type="checkbox"/>											
Tuesday	<input type="checkbox"/>											
Wednesday	<input type="checkbox"/>											
Thursday	<input type="checkbox"/>											
Friday	<input type="checkbox"/>											
Saturday	<input type="checkbox"/>											

	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm
Sunday	<input type="checkbox"/>											
Monday	<input type="checkbox"/>											
Tuesday	<input type="checkbox"/>											
Wednesday	<input type="checkbox"/>											
Thursday	<input type="checkbox"/>											
Friday	<input type="checkbox"/>											
Saturday	<input type="checkbox"/>											

**Type of employment desired:**

Full-Time       Part-Time

**Are you available to Work:**

Holidays:  Yes  No      Overtime:  Yes  No

**Are you able to furnish proper documentation to prove eligibility to work in the US?**  Yes  No

**Driver's License**

Do you have a valid Driver's License  Yes  No

**If you are under 18 and it is required, can you furnish a work permit?**  N/A  Yes  No

State \_\_\_\_\_ Class \_\_\_\_\_

Endorsements \_\_\_\_\_

Do you have a current DOT Physical Card  Yes  No

If no, please explain: \_\_\_\_\_

**Have you ever been employed here before?**  Yes  No

**Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?**  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

**Please list all Languages you speak fluently:** \_\_\_\_\_



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## Employment History

Starting with your most recent employer, please list your work experience for the past 10 years. **Attach additional sheets if necessary.**  
A resume may be attached; however, Employment History **Must Be** completed below.

<b>Employer:</b> _____	<b>From:</b> _____	<b>Dates of employment:</b>	<b>To:</b> _____
<b>Complete Address:</b> _____			
<b>Immediate Supervisor and title:</b> _____		<b>Phone #:</b> _____	
<b>E-mail:</b> _____			<b>May we contact for reference:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later
<b>Last job title:</b> _____			
<b>Reason for Leaving (be specific):</b> _____			
<b>Summarize the type of work performed and job responsibilities.</b> _____ _____ _____ _____			

<b>Employer:</b> _____	<b>From:</b> _____	<b>Dates of employment:</b>	<b>To:</b> _____
<b>Complete Address:</b> _____			
<b>Immediate Supervisor and title:</b> _____		<b>Phone #:</b> _____	
<b>E-mail:</b> _____			<b>May we contact for reference:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later
<b>Last job title:</b> _____			
<b>Reason for Leaving (be specific):</b> _____			
<b>Summarize the type of work performed and job responsibilities.</b> _____ _____ _____ _____			

<b>Employer:</b> _____	<b>From:</b> _____	<b>Dates of employment:</b>	<b>To:</b> _____
<b>Complete Address:</b> _____			
<b>Immediate Supervisor and title:</b> _____		<b>Phone #:</b> _____	
<b>E-mail:</b> _____			<b>May we contact for reference:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later
<b>Last job title:</b> _____			
<b>Reason for Leaving (be specific):</b> _____			
<b>Summarize the type of work performed and job responsibilities.</b> _____ _____ _____ _____			

## Employment History continued

**Dates of employment:**  
Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor and title: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ **May we contact for reference:**  
 Yes  No  Later

Last job title: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Summarize the type of work performed and job responsibilities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates of employment:**  
Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor and title: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ **May we contact for reference:**  
 Yes  No  Later

Last job title: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Summarize the type of work performed and job responsibilities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates of employment:**  
Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor and title: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ **May we contact for reference:**  
 Yes  No  Later

Last job title: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Summarize the type of work performed and job responsibilities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills and Qualifications**

	High School	College / University	Graduate / Professional
Name of School			
City, State			
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma / Degree Completed			
Course of Study			

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

- Word Processing: \_\_\_\_\_ Years: \_\_\_\_\_
- Spreadsheet: \_\_\_\_\_ Years: \_\_\_\_\_
- Presentation: \_\_\_\_\_ Years: \_\_\_\_\_
- E-mail: \_\_\_\_\_ Years: \_\_\_\_\_
- Internet: \_\_\_\_\_ Years: \_\_\_\_\_
- Other: \_\_\_\_\_ Years: \_\_\_\_\_

Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

**Tri-County Council (TCC) does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. TCC likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). TCC takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Director.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. Depending on the position applied for it may be required to successfully pass a drug test and background screening.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

Date \_\_\_\_\_

**"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100."**

**The term "applicant for employment or prospective employment or any employee" as used in this subtitle does not include: (i) A law enforcement officer as defined in 727 of Article 27, (ii). Any employee of any law enforcement agency of the State of Maryland, or any county, incorporated city or town, or other municipal corporation.**

I hereby acknowledge that I have read and fully understand the above.

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

Date \_\_\_\_\_

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**Tri-County Council for the Lower Eastern Shore of Maryland, 31901 Tri-County Way, Suite 201-B, Salisbury, Maryland 21804**