



Mayor Stephanie Rawlings-Blake

Karen L. Sitnick, Director

Baltimore City Government Employment Application

Mayor's Office of Employment Development

Submit To:

Human Resources & Organizational Development

417 E. Fayette Street

Suite 466

Baltimore, MD 21202

(410) 396-1790

(410) 396-8132 fax

www.oedworks.com

Please Print or Type

Position Applying For:			
Name: (Last, First, MI)			
Street Address:			
City:	State:	Zip:	
Home Phone:	Alternate Phone:	Cell	Work Other (circle one)
Email Address:			

Baltimore City Government is an Equal Opportunity Employer



Applicant Information (Please Print or Type)

Are you currently an employee of Baltimore City Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Date of Hire: / /	Current Position/Agency:		
Have you ever worked for Baltimore City Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Dates of Employment: / / to / /	Agency:		
Do you have any relatives employed with Baltimore City Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Name of Employee/Relative:	Agency:		
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever served in the United States Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which Branch?	Type of Discharge?		
Are you a resident of Baltimore City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Desired Compensation for position applied for:	Annually	Weekly	Hourly (Circle One)

Education

Do you have a high school diploma or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, what is the highest grade completed?		

Accredited College, University or Trade School

Name of Institution:	Location:	Major:	Dates Attended:	Credits Earned:	Degree Earned?	Degree:
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licenses and/Certifications: Indicate any driver's license, trade license, professional registration or certification that you have which is related to this position.

Driver's License:	State	Class	Exp.Date / /
Trade or Professional License/Certification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1. If yes, document type:	Issuing Authority:		Date Issued: / /
Number:	Exp.Date: / /		
2. If yes, document type:	Issuing Authority:		Date Issued: / /
Number:	Exp.Date: / /		

Additional Information & Remarks

You may provide additional information concerning yourself that you feel may affect consideration for employment. You may include special skills, training or experience (paid or volunteer) that you have or any operation of special machinery or equipment, office skill, work training programs and so forth.

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Employer:
Job Title:
Dates of Employment: From: mm/yy To: mm/yy
Work Address & Phone: (Include city, state, zip)
Supervisor's Name:
of hours per week:
Starting Salary: Leaving Salary:
Does your job require employee supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many employees do you supervise?
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for departure:
Describe job duties in detail including titles of those supervised if applicable.

Employer:
Job Title:
Dates of Employment: From: mm/yy To: mm/yy
Work Address & Phone: (Include city, state, zip)
Supervisor's Name:
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Starting Salary: Leaving Salary:
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If yes, how many employees do you supervise?
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for departure:
Describe job duties in detail including titles of those supervised if applicable.

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UNDER MARYLAND LAW, an employer may not require or demand an applicant for employment or prospective employment to submit to or take a polygraph, lie detector or similar test or examination as 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.

I affirm that to the best of my knowledge and belief this application contains no false or misleading statements. I am aware that all statements are subject to investigation. Discovery of false or misleading statements will be cause for rejection of my application. If I am hired, subsequent discovery of falsification may result in my immediate termination without regard to my performance, experience or years of employment with the City of Baltimore. I am aware that falsification of this application is punishable by law. I acknowledge that my employment with the City of Baltimore Government is contingent upon the results of the required Pre-Employment Physical Evaluation and/or Drug Screening Test.

I am also aware that some positions within Baltimore City Government require a background check as a condition of employment.

Please read the following and Sign Below Acknowledging all statements on this page of the employment application:

If offered employment, I understand that there will be a specific probationary period, regardless of my employment status, according to MOED and City policy. My employment status will be probationary until successful completion of this period. Employees in their probationary period may be dropped from payroll at any time without cause.

I certify that answers given are true and complete to the best of my knowledge. I am aware that I will be required to abide by all Agency, City and other applicable rules and regulations.

Release of Information

I authorize any previous employer to release my information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered.

I understand that the Mayor's Office of Employment Development may use general employment and demographic information for the purpose of federal, state or local reporting.

Date: _____

Signature: _____