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| Today's Date |
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EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Ocean Pines Association is an equal opportunity employer. All qualified applicants for employment with Ocean Pines Association will receive consideration for employment without regard to race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, disability, veteran status, genetic information or any other trait protected by applicable federal, state, or local laws. If you require an accommodation during any part of the application process, please contact the Human Resources Office.

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY –Please print

| | | | | |
|---|--------------------|---|-----------------------|----------------------|
| GENERAL | NAME – Last | First | Middle | Telephone No. |
| | Other Name(s) Used | Email | | Cell Phone |
| CURRENT ADDRESS | | Street | City or Town | State Zip Code |
| PREVIOUS ADDRESS | | Street | City or Town | State Zip Code |
| POSITION APPLYING FOR: (Identify a specific open position) | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal | Desired Wage / Salary | Available Start Date |
| Shift Preference: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | | |
| How did you learn about employment opportunities at Ocean Pines Association? If you were referred for employment, please indicate the referral source. | | | | |
| Have you ever applied for employment with or been employed by Ocean Pines Association? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please provide dates of employment, position, and reason for leaving. | | | | |
| Do any of your relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name(s) _____ | | | | |
| Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18 can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Only if applying for a police officer position are you over 21? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If necessary for the job are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, issuing state _____ | | | | |

CRIMINAL HISTORY

In responding to the following criminal history questions do not disclose any information concerning (i) any conviction or plea that has been pardoned, sealed, or expunged by court order, or which has been dismissed pursuant to a pre-trial diversion or accelerated rehabilitative disposition program (ARD), (ii) any summary offense, or (iii) any offense committed while you were a juvenile.

Have you ever been convicted of or any felony crime? Yes No

If you answered yes to the above, please list the crime and the date(s) of the offense. Please note that you will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.

| EDUCATION | Address | Year Completed | Major | Degree |
|---|---------|--|-------|--------|
| High School | | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | |
| College | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |
| Professional / Graduate School | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |
| Special Trade or Business or Technical School | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |

PREVIOUS EMPLOYMENT

List the last 3 positions held, starting with the most recent employment. Do not omit any employers. Use additional pages, if necessary.

Are you presently employed? Yes No

Are you presently on layoff and subject to recall by another employer? Yes No

| | | |
|--|-----------------|--|
| Name _____ | Job Title _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address _____ | Salary _____ | Reason for Leaving _____ |
| Telephone No. _____ | From _____ | Supervisor _____ |
| To _____ | | |
| Describe duties performed / skills used. | | |

| | | |
|--|-----------------|--|
| Name _____ | Job Title _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address _____ | Salary _____ | Reason for Leaving _____ |
| Telephone No. _____ | From _____ | Supervisor _____ |
| To _____ | | |
| Describe duties performed / skills used. | | |

| | | |
|--|-----------------|--|
| Name _____ | Job Title _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address _____ | Salary _____ | Reason for Leaving _____ |
| Telephone No. _____ | From _____ | Supervisor _____ |
| To _____ | | |
| Describe duties performed / skills used. | | |

If applicable, please explain any significant gaps in your employment history.

| REFERENCES List 3 references who have knowledge of your personal character, ability, and work experience. Do not list relatives. | | | |
|---|---------|---------------|------------|
| Name | Address | Telephone No. | Occupation |
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| | | | |
| | | | |

Professional License or Membership: _____

Type of License Held: _____ State License Issued: _____ License Expiration Date: _____

Other Professional Memberships: _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Please list all computer/software skills: (i.e. Word, Excel, PowerPoint, etc.), skill level (Beginner, Intermediate or Advanced) and any affiliated certificates.

Please list any additional skills including supervision, languages, specific knowledge, experience.

| | |
|------------------------------|--------------------|
| In case of emergency notify: | |
| Name _____ | Relationship _____ |
| Phone _____ | |

**APPLICANT VERIFICATION
(PLEASE READ BEFORE SIGNING)**

I acknowledge and understand that falsification or misrepresentation of the information requested on this application or with respect to any other information provided in the hiring process will be sufficient cause for the denial or termination of employment, regardless of when such fact may be discovered.

I further understand that, if offered a position, the offer may be contingent upon my satisfactorily completing pre-employment screening procedures, which may include a medical exam, substance abuse testing, skills testing and a background screen.

I authorize Ocean Pines Association to inquire into my educational background, past employment history, and personal character, and I understand that my current and/or former employers and the references listed above may be contacted to provide information concerning my suitability for employment. I expressly authorize Ocean Pines Association to conduct such inquiries, and I release Ocean Pines Association its representatives, and any responding parties from any and all liability associated with such inquiries.

I acknowledge that completion of this application does not constitute a guarantee of eventual employment with Ocean Pines Association and that nothing in this employment application gives rise to a contract of employment. If employed, unless my employment is governed by a written agreement to the contrary, my employment will be of an at-will nature, and both Ocean Pines Association and I have the right to terminate the employment relationship at any time, with or without cause.

I consent to the completion and submission of my application for employment via electronic means. I understand that by typing my name below, I am providing my electronic signature which has legally binding effect pursuant to the Maryland Uniform Electronic Transactions Act.

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 POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. (Does not apply for applicants to certain law enforcement positions.)

I hereby acknowledge that I have read and agree to the above statement.

APPLICANT'S SIGNATURE _____ **DATE** _____

NOTE: application will only be considered by Ocean Pines Association for a period of 60 days from the date signed. To be considered for employment after that time, a new application must be submitted.