Ocean Pines Association, Inc.

239 Ocean Pkwy, Ocean Pines, Maryland 21811
(410)641-7717

Application for Employment

Please return to: _____ Date Received: _____

THE OCEAN PINES ASSOCIATION IS AN EQUAL OPPORTUNITY EMPLOYER
We welcome you as an applicant for employment. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information that you believe qualifies you for the position for which you are applying

Position Applied For:	Interested in (circle one): Regular Part-time Temporary Seasonal	(Minimum Salary) $ Per
Date Available:		

Personal Information PLEASE PRINT

Last Name:	First Name:	Middle Name:		
Present Permanent Address:	City:	County:	State:	Zip Code:
Home Telephone Number:	Cell Phone Number:	If necessary for the job are you over: ☐ 16 ☐ 18 ☐ 19 ☐ 21 (ck. one)		

Any physical limitations that may affect ability to perform position requirements:

In case of emergency notify: Name Phone:

If necessary for the job, I am able to: Work overtime? ☐ Yes ☐ No
Provide a valid driver's license: ☐ Yes ☐ No If so, what is the issuing state?

Educational Information

Type of School	Name & Mailing Address	Yrs Completed	Field of Study	Degree
High school				
College/Univ.				
Graduate				
Technical				
Other				

List any correspondence courses, special courses, seminars, workshops, training sessions, etc., that might relate to this position.

Have you been convicted of a felony within the last 7 years? _____no _____yes—Explain:

NOTE: Such conviction does not necessarily prevent you from employment. Ocean Pines Association is an equal opportunity employer.

Please list employer's beginning with your present or most recent employment. It is important to be complete.
You are encouraged to submit a personal resume in addition to this application. Attach a separate sheet if necessary.

Employment History

Employers Name	Mailing Address		Telephone Number
Position Held	Duties Performed		Immediate Supervisor
Employment Dates	Last Salary	Full-Time or Part-Time	Reason For Leaving

Employers Name	Mailing Address		Telephone Number
Position Held	Duties Performed		Immediate Supervisor
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Employers Name	Mailing Address		Telephone Number
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May we contact your present employer? (circle one) YES NO If no please explain:

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

_____

Types of computers, software, and other equipment you are qualified to operated or repair:

_____

Professional licenses, certifications or registrations:

_____

Additional skills, including supervision skills, other languages or information regarding the job you wish to bring to the employer's attention:

_____

List two personal references who are not relatives or former supervisors.

Name	Address	Tele.	Occupation	Yrs. known

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

SIGNATURE: _____ DATE:_____

Reference Check Authorization

Date: _____

Name: _____
(Please Print)

Any other name which you have used if such information will be necessary in order to investigate your employment and educational history and representations you have made:

_____
(Please Print)

I hereby authorize the Ocean Pines Association, Inc. to make an investigation of my educational and employment history and all representations I have made to the Association and, I hereby release the Association and its employees, agents, and representatives from all liability and damages which result from such investigation or the use of information obtained thereby.

I further authorize my present and prior employers, schools, personal references, and any other organization, agency, governmental body, entity, or person to release any and all information they have concerning me in connection with such investigation without verbal or written notice to me, and release them and their respective agents and employees from any and all liability and damages which may be incurred as a result of furnishing such information.

_____
(Signature)

DRUG AND ALCOHOL TESTING

"I understand that Ocean Pines has a drug free workplace policy. I understand that this policy allows for random tests to insure employees are free of illegal substances and alcohol on the job. If I am hired, I agree to observe all of the terms of the Ocean Pines drug free workplace policy as described in the Handbook which will be given to me. I hereby specifically agree to submit, at the employer's request, to a drug test at a time and place of employer's choice. I specifically understand that if I fail to pass such a test (to demonstrate I am drug free) I will be subject to discipline up to and including discharge from employment, as described in the Ocean Pines Handbook.

I also understand and agree that, if offered a job, I will submit to a drug test, and that if I fail the test, the offer will be withdrawn and I will not be hired."

_____ _____
(Signature) (Date)