



OCEAN PINES, MARYLAND

# Ocean Pines Association, Inc.

239 Ocean Parkway, Berlin, Maryland 21811  
(410)641-7717



OCEAN PINES, MARYLAND

## 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

Last Name:		First Name:		Middle Name:		
Present Permanent Address:			City:	County:	State:	Zip Code:
Home Telephone Number:		Cell Phone Number:		Social Security Number:		
Any physical limitations that may affect ability to perform position requirements:						
In case of emergency notify: Name			Phone:			
If you are applying for a position which may require driving, complete the following:						
Drivers License Number:		State:		Expiration Date:		

### Educational Information

Circle Highest Grade Completed:						
High School: 9 10 11 12		College: 13 14 15 16		Post Graduate: 1 2 MA PhD		
Name and Address of Last High School			Date of Graduation		Have you passed the GED Test?	
Type of School	Name & Mailing Address		Dates/Attended From/To	# Semester Credits	Degree	Major
College/Univ.						
College/Univ.						
Graduate						
Technical						
Other						

List any correspondence courses, special courses, seminars, workshops, training sessions, etc., that might relate to this position. Also list any license, certificates, military or apprenticeship training related to this position:

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

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May we contact your present employer? (circle one) YES NO If no please explain:

**Volunteer Experience:** You need not include organizations which tend by their name or major activities to identify members with a particular race, sex, religion, or ethnic origin.

Volunteer Organization:	Mailing Address:	Phone Number:
Position Held:	Duties Performed:	Immediate Supervisor:
Dates of Participation: From/To	Hrs. Per Week:	Skills Learned:
List any other skills or experience which relate to this position: (mechanical, computer, etc.):		
Referred by (newspaper, agency, employee, other) Please be specific:		

**Conviction Information:** Ocean Pines Association, Inc. will not automatically reject an applicant who has been convicted.

Have you ever been convicted as an adult for a criminal violation?		
If so, Date and Place:	Nature of Offense:	Disposition:
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Employees hired are subject to an employment physical including substance screening and satisfactory completion of a probationary period.

I HEREBY CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS AND ALL INFORMATION PROVIDED IN ANY RESUME SUBMITTED IS TRUE AND COMPLETE. I AGREE THAT ANY FALSE STATEMENT OR OMISSIONS OF INFORMATION REQUESTED IN THIS APPLICATION MAY CAUSE REJECTION OF THE APPLICATION OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE OR BENEFITS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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# 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)