



Mayor Sheila Dixon
 Gladys B. Gaskins, Director

Submit To:
 Department of Human Resources
 201 E. Baltimore Street
 Suite 100
 Baltimore, MD 21202
 (410) 396-3860
 (410) 396-4930 TTY
www.baltimorecity.gov

BALTIMORE CITY GOVERNMENT EMPLOYMENT APPLICATION

Please Print or Type

Position Applying For:

Social Security # (Required): - -

Name: (Last, First, MI)

Street Address:

City: State: Zip Code:

Home Phone: () - | Alternate Phone:() -

FOR OFFICE USE ONLY

ACTION	APP	REJ	DATE	ACTION	APP	REJ	DATE
Min Qual				Provisional			
Line of Promotion				Resident Pref			
Veteran Preference				Filing Date			

**** Please read the below instructions for completing a Baltimore City Employment Application carefully****

1. Review the job announcement for the position of interest carefully to be sure that you meet the minimum qualifications listed. Your application must clearly show that you meet all of the minimum qualifications to be considered approved.
2. Applications must be postmarked or hand delivered by the closing date listed on the announcement.
3. A completed Baltimore City Government employment application must be submitted to apply for classified positions. You may submit your resume along with your completed application to supplement your employment history information.
4. You must notify the Department of Human Resources in writing upon any change of name and/or address.
5. You may advise the Department of Human Resources in writing at the time you receive a letter of eligibility that you want your name certified only to specified departments within the city. Failure to do so may result in removal of your name from the eligible list if you fail to respond to an interview notice.
6. **Position Applying For:** Enter the Classification Title listed on the job announcement. A separate application is required for each posted position of interest. **Applications are accepted for posted job announcements only.**
7. **Personal information:** Complete all requested information in this section.
8. **Veteran Preference:** Honorably discharged U.S. Armed Forces veterans (with 90 consecutive days active duty not including Reservists or National Guardsmen) having been Maryland State residents for at least 1 year prior to application who pass all parts of the examination may be entitled to veterans' preference for certain types of postings. Veterans must have been discharged within the previous 10 years and **must submit a DD214 at the time of application.** Check the posted announcement for eligibility.
9. **Residence Preference:** Baltimore City residents submitting applications on or before the closing date who pass all parts of the examination may be entitled to residents' preference for certain types of postings. At the time of application, a legible photocopy of a valid MD Driver's License or MD Identification Card issued by the MVA with a street address within the Baltimore City limits as listed on the application must be submitted. Check the posted announcement for eligibility.
10. **Additional Information and Remarks:** Use this section to: (a) describe special skills and achievements and (b) account for time periods in the employment history section when you were not working or in school.

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: / / Present Class Title:
Have you ever worked for Baltimore City Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Dates of Employment: / / to / / Agency:
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fluent in any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?
Are you a veteran of the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please refer to #8 in the above instructions
Are you a resident of Baltimore City? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please refer to #9 in the above instructions

EDUCATION

Do you have a high school diploma or GED? Yes No If not, what is the highest grade completed?

ACCREDITED COLLEGE, UNIVERSITY OR TRADE SCHOOL

Name of Institution	Location	Major	Attended From	To	Credits Earned	Degree Earned?	Degree
						<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	NUMBER	EXP. DATE / /
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TRADE OR PROFESSIONAL LICENSE/CERTIFICATION

DOCUMENT TYPE	ISSUING AUTHORITY	DATE ISSUED / /	NUMBER	EXP. DATE / /

ADDITIONAL INFORMATION AND REMARKS: You may provide any additional information concerning yourself that you feel may affect consideration for employment. You may include special awards, 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.

EMPLOYMENT HISTORY (Please Print or Type)			
IMPORTANT: Please submit dates of employment including months and average hours worked per week.			
Employer: Acme Manufacturing Company	Job Title: Mechanic Supervisor	Dates of Employment: From: 6/71 To: 8/75	FOR OFFICE USE ONLY (Do not write in this space)
Work Address and Phone: 100 West Main Street, Hometown, USA 12345 (410) 555-1234		# of hours per week: 36 Last Salary: \$25,000 Per: Yr	
Supervisor's Name: Earl Jones, Manager	May we contact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does your job require employee supervision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reason for departure: Moved to Baltimore	If yes, how many employees do you supervise? 6	
Describe job duties in detail. My responsibilities included supervising the fleet's mechanics and part-time helpers; oversight of cleaning, lubrication and repair of pumps, conveyors, valves, blowers and piping systems; inspected heavy machinery for safety and preventive maintenance; supervised fabrication and replacement of parts; kept work orders and attendance records; and trained new helpers.			

EMPLOYMENT HISTORY IMPORTANT: Please include dates of employment including months and average hours worked per week.			
Beginning with your most recent job, list all of your work experience in detail. Be sure to include employment dates including months and total hours per week worked. This information is crucial in the evaluation process. List work experience, which qualifies you for this position and any related experience. List different positions with the same employer separately. If necessary, attach supplemental sheets. Your present employer will not be contacted without your consent.			
Employer:	Job Title:	Dates of Employment: From: MM / YY To: MM / YY	FOR OFFICE USE ONLY (Do not write in this space)
Work Address and Phone:		# of hours per week: Last Salary: Per:	
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your job require employee supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for departure:	If yes, how many employees do you supervise?	
Describe job duties in detail including titles of those supervised if applicable.			

EMPLOYMENT HISTORY IMPORTANT: Please include dates of employment including months and average hours worked per week.			
Employer:	Job Title:	Dates of Employment: From: MM / YY To: MM / YY	FOR OFFICE USE ONLY (Do not write in this space)
Work Address and Phone:		# of hours per week: Last Salary: Per:	
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your job require employee supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for departure:	If yes, how many employees do you supervise?	
Describe job duties in detail including titles of those supervised if applicable.			

EMPLOYMENT HISTORY IMPORTANT: Please include dates of employment including months and average hours worked per week.			
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Work Address and Phone:		# of hours per week: Last Salary: Per:	
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your job require employee supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for departure:	If yes, how many employees do you supervise?	
Describe job duties in detail including titles of those supervised if applicable.			

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Work Address and Phone:		# of hours per week: Last Salary: Per:	
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your job require employee supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for departure:	If yes, how many employees do you supervise?	
Describe job duties in detail including titles of those supervised if applicable.			

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 a 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 and the removal of my name from the list of eligibles for this job. 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-Placement 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.

Signature (See below statement if submitting via email)

Date

Email submission: By my typed signature above, I agree that when I submit this application to Baltimore City Government electronically, I have consented to the use of the electronic signature method to sign this employment application.



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Baltimore City Government uses the following information to comply with obligations under all applicable Equal Employment Opportunity Laws. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Applicants are encouraged to complete this information, which will be detached from the application and used for statistical purposes only.

POSITION APPLYING AS LISTED ON JOB ANNOUNCEMENT: _____

DATE APPLIED: / /

RECRUITMENT SOURCE: How did you hear of this job posting? **(Please check all that apply and provide additional information where requested.)**

- | | |
|---|---|
| <input type="checkbox"/> Walk-in/ Job Board | <input type="checkbox"/> Baltimore City Job Hotline |
| <input type="checkbox"/> Baltimore City Employee | <input type="checkbox"/> Baltimore City Website |
| <input type="checkbox"/> Employment Website _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Newspaper/Magazine _____ | <input type="checkbox"/> Other _____ |

Gender: Male Female

RACE/ETHNICITY:(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

* Please return this page with application. Thank you *

Baltimore City Government is an Equal Opportunity Employer