



**TOWN OF NORTH EAST, MD
DEPARTMENT - ADMINISTRATION
EXECUTIVE ADMINISTRATIVE ASSISTANT**

The Town of North East is accepting applications for a Full Time position with the Department of Administration. This is a highly responsible administrative position that assists the Town Administrator in the day-to-day operations; receives delegated oversight responsibility for various department or administrative functions and other duties as assigned. Monitors administrative processes to assure compliance with established policies, procedures or practices. Position requires exemplary planning and time management skills and the ability to multitask. Contact with the public in a professional manner at all times is an important element. Work requires considerable initiative, ability to obtain relevant information in order to make sound judgements. Work is closely coordinated with the Town Administrator. The Town is an E.O.E. Applications and job description can be obtained from the Town's website (homepage): www.northeastmd.org or by calling 410-287-5801 (**x103**). Compensation is DOE. Submit application and resume to Town of North East, P.O. Box 528, North East, MD 21901-0528; ATTN: Town Administrator. Position will remain open until filled.



Due By: _____ Date
Returned On: _____ Date

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

Screening tests for illegal drug use may be required as a condition of employment.
Feel free to submit a resume with your application. However, the resume should not be submitted in place to completing this application.

Position Applying for Executive Administrative Assistant

Regular Full-Time Temporary _____ Emergency _____ Contractual _____

How did you learn of this employment opportunity with the Town? _____

Are you currently employed by the Town of North East? Yes _____ No _____ If yes, what Department? _____

Have you ever worked for the Town of North East? Yes _____ No _____ If yes, when? _____

Town Policy prohibits employment of an immediate family member into a position supervised by a relative.
Do any members of your family work for the Town of North East? Yes _____ No _____ If yes, please indicate name and the position they hold _____

PERSONAL DATA

Name _____
(Last) (First) (Middle)

List any other name under which your educational or work records may appear _____

Address _____
(Street) (City) (State) (Zip Code)

Email Address _____ Last 4 digits of Social Security No. _____

Home Phone No. _____ Ok to leave a message? Yes _____ No _____

Cell Phone No. _____ Ok to leave a message? Yes _____ No _____

When is the best time to contact you? _____

Do you have a valid driver's license? Yes _____ No _____ Class: A _____ B _____ C _____ ID Card _____
(This information must be provided if a driver's license is a minimum requirement)

License No. _____ Expiration Date _____

If not MD state Issuing State _____ Expiration Date _____

EDUCATION

Did you successfully complete?	Circle Highest Grade Successfully COMPLETED	Name and Address of Last Elementary and High School Attended and Course of Study
Elementary yes <input type="checkbox"/> no <input type="checkbox"/>	1 2 3 4	_____
Junior High yes <input type="checkbox"/> no <input type="checkbox"/>	5 6 7 8	_____
Senior High yes <input type="checkbox"/> no <input type="checkbox"/>	9 10 11 12	If you did not graduate from high school, have you received a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Graduated: _____		If yes, give # _____

COLLEGE OR UNIVERSITY

Name and Address of College or University	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING or CLASSES RELEVANT to the JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Typing/Keyboarding: _____ w.p.m. Shorthand: _____ w.p.m.
(if applicable to position for which you are applying) (if applicable to position for which you are applying)

Are you fluent in a language other than English? (If required for the job for which you are applying)

Yes ____ No ____ If yes, please list: _____

Do you currently serve in the Military or are you a Veteran? Yes ____ No ____

LIST MACHINES and/or EQUIPMENT YOU CAN OPERATE (if applicable to the job for which you are applying)

ADDITIONAL INFORMATION _____

WORK EXPERIENCE

List beginning with your most recent position all of your work experience including military service. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application.

1. Current Employer Name	Address	Month/Year Start	Month/Year End
Type of Business	Reason for leaving or wanting to leave	Salary Start	Present/End Salary
Job Title	Name of Supervisor	May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Phone No.
Job Duties:			
Do you supervise other employees? Yes ____ No ____ If yes how many? _____			

WORK EXPERIENCE (Continued)

2. Former Employer Name	Address	Month/Year Start	Month/Year End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Job Title	Name of Supervisor	May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Phone No.
Job Duties:			
Do you supervise other employees? Yes ____ No ____ If yes how many? _____			

3. Former Employer	Address	Month/Year Start	Month/Year End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Job Title	Name of Supervisor	May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Phone No.
Job Duties:			
Do you supervise other employees? Yes ____ No ____ If yes how many? _____			

START DATE AND SALARY

If selected for the position when can you start? _____

Are you willing to accept the approved salary for the job? _____

I hereby affirm that this application contains no willful misrepresentations and that this information given by me is true and complete to the best of my knowledge and belief. I authorize the Town of North East to investigate any and all statements made in this Employment Application. If in the judgment of the Town, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn; and, if I am already employed, my employment may be terminated immediately.

Date _____ **Applicant Signature** _____

I voluntarily consent to allow the Town of North East or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character, and personality, including information of a confidential or privileged nature.

Date _____ **Applicant Signature** _____

I understand that if I am selected for an appointment to a position with the Town of North East I will be required to have a physical examination, including drug screen, on the basis of which I may or may not be accepted for employment.

Date _____ **Applicant Signature** _____

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM

EMPLOYMENT APPLICATION POLICY

This employment application will be considered for the specific position opening only.

All employment applications shall be retained for a period of (four) 4 years.

**RETURN TO: Town Administrator
P.O. Box 528
106 South Main Street
North East, Maryland 21901-0528**



AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

The Town of North East is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, military status, or the presence of any non-job-related medical condition or disability. Please keep in mind the questions contained in this application are not intended to be discriminatory based on any non-job information.

The information requested below is voluntary and will be used to complete statistical reporting required to analyze our applicant flow. It will be separated from your application and will have no effect on the disposition of your application. Thank you for your cooperation.

Gender: Male _____ Female _____

Citizenship: U.S. Citizen _____ Legal Alien _____ Other _____ (Proof of U.S. citizenship or immigration status will be required upon employment)

Race: Are you Hispanic or Latino? Yes _____ No _____

If you are not Hispanic or Latino, what is your race? Please select one.

_____ White (Origins in any of the original peoples of Europe, the Middle East, or North Africa)

_____ Pacific Islander or Native Hawaiian (Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

_____ American Indian or Alaska Native (Origins in any of the original peoples of North or South American, including Central America, and who maintains tribal affiliations or community attachment)

_____ Black or African American (Origins in any of the black racial groups of Africa)

_____ Asian (Origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ Unknown/Decline to state



AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Town of North East, whether said records are of public, private or confidential nature, and regardless if the information may be derogatory in nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, (including credit reports and/or ratings); employment and pre-employment records including background check, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records; financial statements and records including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, to include the records of recollections of attorneys at law or of other counsel, whether representing me or another person in any other case in which I presently have, or have had an interest. It is my specific intent, therefore, to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein for the purpose of determining suitability for employment with the Town of North East.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by the Town of North East.

I agree to indemnify and hold harmless the person to whom the request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me. A photocopy of the release form will be as valid as an original hereof; even though said photocopy does not contain an original writing of my signature.

Applicant Signature: _____ Date: _____

Address: _____

DOB: _____ SSN: _____

Witness: _____
(Printed) (Signature)



VERIFICATION OF EMPLOYMENT

The Town of North East
 Attn: Town Administrator
 106 South Main Street, North East, MD 21901
 410-287-5801

A – Employee *(Complete Section A only, Print all information)*

Current/Former Employer Name _____

Current/Former Employer Address _____

Telephone No. _____

APPLICANT NAME	IF THIS NAME DIFFERS FROM NAME USED AT YOUR PREVIOUS EMPLOYMENT, PLEASE INDICATE NAME USED	SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS REQUIRED FOR VERIFICATION BY YOUR FORMER EMPLOYER

DEPARTMENT	JOB TITLE	BASE SALARY AMOUNT	BONUS AMOUNT	OTHER COMPENSATION i.e. car allowance, etc.	EMPLOYMENT DATES FROM: TO:	
Reason for Leaving						
Release of Information Authorization		Applicant Signature:			Date:	
Town of North East		Personnel Representative:			Date:	

B – Former Employer *(Please complete this section for the above individual who has applied for employment with the Town of North East and return in the enclosed envelope)*

COMMENTS	CIRCEL ONE
WAS THE JOB TITLE AS STATED?	YES NO
WAS THE BASE SALARY AS STATED?	YES NO
WAS THE BONUS AS STATED?	YES NO
IS THE PERIOD OF EMPLOYMENT AS STATED?	YES NO
IS THE REASON FOR LEAVING CORRECT?	YES NO
WOULD YOU REHIRE THIS INDIVIDUAL?	YES NO
OTHER COMMENTS:	
FORMER EMPLOYER SIGNATURE:	TITLE: _____ DATE: _____ TELEPHONE NUMBER: _____