Revised 08/29/2026

Today's Date

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) Shift Preference: ☐ 1 ☐ 2 ☐ 3	☐ Full-Time ☐ Part-Time ☐ Seasonal	Desired Wage / Salary	Available Start Date	

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? ☐ Yes ☐ No
*If yes, please provide dates of employment, position, and reason for leaving.

Do any of your relatives work here? ☐ Yes ☐ No

If yes, please list name(s) _____

Are you over 18? ☐ Yes ☐ No
If under 18 can you provide a work permit? ☐ Yes ☐ No

Only if applying for a police officer position are you over 21? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

If necessary for the job are you able to work overtime? ☐ Yes ☐ No

Do you have a valid driver's license: ☐ Yes ☐ No If yes, issuing state _____

EDUCATION	Address	Year Completed	Major	Degree
High School				
College				
Professional / Graduate School				
Special Trade or Business or Technical School				

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? ☐ Yes ☐ No
_____	_____	Reason for Leaving _____
Address _____	Salary _____	_____
_____	From _____	_____
Telephone No. _____	To _____	Supervisor _____
Describe duties performed / skills used.		

Name _____	Job Title _____	May we contact this employer? ☐ Yes ☐ No
_____	_____	Reason for Leaving _____
Address _____	Salary _____	_____
_____	From _____	_____
Telephone No. _____	To _____	Supervisor _____
Describe duties performed / skills used.		

Name _____	Job Title _____	May we contact this employer? ☐ Yes ☐ No
_____	_____	Reason for Leaving _____
Address _____	Salary _____	_____
_____	From _____	_____
Telephone No. _____	To _____	Supervisor _____
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

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: This 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.