



Chartered 1708

Office of the Mayor  
Gavin Buckley, Mayor  
160 Duke of Gloucester Street  
Annapolis, MD 21401-2517

AP-38-25

May 8, 2025

To: Alderpersons, City of Annapolis

From: Mayor Gavin Buckley

Re: Ethics Commission Reappointment

Pending your approval, I would like to reappoint Mr. Chambers to the Ethics Commission. Mr. Chambers has served on this board since 2022.

Mr. Chambers' term will expire on 6/11/2028. A copy of his resume is attached.

Thank You.

Thank You.

GB/hrr

Reviewed by: Rules and City Government Committee



Favorable

Unfavorable

Sheila M. Finkler 6/6/25

Committee Chair

Date





**City of Annapolis**  
**Office of Human Resources**  
145 Gorman Street, 2<sup>nd</sup> Fl  
Annapolis, MD 21401-2529

HR@annapolis.gov • 410-263-7998 • Fax 410-295-7999 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Application for Employment

The City of Annapolis is an Equal Opportunity/ADA Compliant Employer. Females, Minorities and Individuals with Disabilities are encouraged to apply. Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Human Resources Department in advance at 410-263-7998 or 410-263-7943 TDD. All qualified applicants will receive consideration for employment without regard to political or religious opinion or affiliation, race, creed, color, sex, age, national origin, marital status, physical or mental disability, sexual orientation or genetic information.

THIS APPLICATION CONSISTS OF SEVEN PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

Application for **Position** of (use title and number from Position Vacancy Notice):

Title City of Annapolis on a Board or Commission Number \_\_\_\_\_

### Part I. Personal Information

1. Last Name Chambers First Name Phillip Middle Name Taylor

2. Address 800 Carrollton Ave.  
City Annapolis State Md. Zip 21401

3. Phones: Home 410-212-6996 Cell 410-212-6996 Work \_\_\_\_\_  
Email clockman1951@yahoo.com

4. Who shall we contact in case of emergency?  
Name Dorrie Chambers Phone 443-845-8874

5. If you are related to a current City of Annapolis employee, please indicate:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
City Department \_\_\_\_\_

6. Did you graduate from high school? ☒ Yes ☐ No GED? # \_\_\_\_\_ State Maryland  
School name (Old) Annapolis Senior High  
Address 801 Chase St., Annapolis, Md. 21401

If you are currently a city employee, please indicate if you are: ☐ Contractual Worker ☐ Seasonal/Temporary

Do you claim a Veteran's preference? ☐ Yes ☐ No

**Part II. Education and training**

7.

Name and location of College(s) or University(ies) attended	Total credit hours	Major field	Degree Type
Bowie State University	70	History	None

8. Other training (including business, trade, military or correspondence schools)

				Total training	
Name and address (city, state and zip) of schools attended	Type of training	License or Certificate #	Expiration date	Hours	Weeks
Anne Arundel Com. College	History	12 Credits			

Use this space to include any special qualifications relevant to the position for which you are applying that are not covered elsewhere in your application: skills in operation of computers, machines or equipment; technical skills; office administration skills; or other special training. If necessary, please attach a supplementary sheet.

### Part III. Experience

9. Use the following blocks A through D to provide information about your previous jobs STARTING WITH YOUR PRESENT OR MOST RECENT POSITION in Block A. Include all relevant paid, non-paid, volunteer and military experience. LIST PROMOTIONS AS SEPARATE JOBS. You must provide all of the information requested for each job you list. If you require more space to answer Blocks A through D, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. **Label all additional pages with your NAME.**

May we contact your current and/or previous employer(s)? ☒ Yes ☐ No

Comments \_\_\_\_\_

A. Position School Crossing Guard Currently held? ☒ Yes ☐ No

Employer (Company or Organization) Annapolis City Police Dept.

Address Taylor Ave. ,Annapolis,Md. 21401

Name of immediate supervisor Cpl. Thomas

Title Traffic Dev.

Telephone 410-212-5879

Date of employment From Sept. 2009

To Present

Type of business Controlling the traffic to allow children to cross the street to school

Number of hours worked per week 20

Number of employees you supervised 0

Reason for leaving Still working

Describe your duties, responsibilities and accomplishments below.

Controlling the traffic to allow children to safely cross the street to school

B. Position Store Manager Currently held? ☐ Yes ☒ No

Employer (Company or Organization) Maryland Paint Co.

Address 209 Chinqupin Round Rd. #100, Annapolis ,Md. 21401

Name of immediate supervisor Mark Cple

Title Owner

Telephone 410-280-2225

Date of employment From Aug. 2007

To June 2008

Type of business Paint and Painting supply sales

Number of hours worked per week 44

Number of employees you supervised 5

Reason for leaving Retired

Describe your duties, responsibilities and accomplishments below.

Ordering supplies , matching and tinting paint, assisting contractors , solving any customer's problem in and outside of store.



C. Position Store Manager Currently held? ☒ Yes ☐ No  
Employer (Company or Organization) Sherwin-Williams Paint Co  
Address 1966 West St.  
Name of immediate supervisor Rick Vain  
Title VP of Sales Telephone \_\_\_\_\_  
Date of employment From 2005 To 2007  
Type of business Retail and Contractor paint sales  
Number of hours worked per week 48 Number of employees you supervised 7  
Reason for leaving To take the job at Maryland Paint , more money

Describe your duties, responsibilities and accomplishments below.

Ordering supplies , matching and tinting paint, assisting contractors , solving any customer's problem in and outside of store.

D. Position Store Manager Currently held? ☒ Yes ☐ No  
Employer (Company or Organization) Duron Paints  
Address 1966 West St. Annapolis ,Md. 21401  
Name of immediate supervisor Rick Vain  
Title V.P. of Sales Telephone \_\_\_\_\_  
Date of employment From 1994 To 2005  
Type of business Paint Sales  
Number of hours worked per week 48 Number of employees you supervised 5  
Reason for leaving I didn't leave Sherwin -Williams brought Duron

Describe your duties, responsibilities and accomplishments below.

Ordering supplies , matching and tinting paint, assisting contractors , solving any customer's problem in and outside of store, working with company Outside Sales Reps.

**Part IV. Other**

10. Are you legally eligible for employment in the U.S.? ☒ Yes ☐ No

Anyone offered employment is required to provide identification and documentation of eligibility for employment in the U.S.

11. Do you have a valid motor vehicle operator's license? ☒ Yes ☐ No

Is this license a Commercial Driver's License? ☒ Yes ☐ No

12. Have you ever been fired or asked to resign from a job? ☒ Yes ☐ No

If yes, give date, name, address of employer and reason. A firing or forced resignation does not automatically mean you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).

13. The following notice applies to everyone EXCEPT applicants for Law Enforcement Officer positions as defined by Article 27, Section 727, or any employee of any law enforcement agency of the State of Maryland or any county, incorporated city or town, or other municipal corporation.

"Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee 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."

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Required by Maryland State law*

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. **I understand that any false or incomplete answer may be grounds for not employing me or for discharging me after my employment.** I understand that I may have to pass a physical examination; produce documentation verifying identity and employment eligibility in the U.S.; and be fingerprinted as a condition of my employment. I also understand that if I am hired for a position with the City of Annapolis, I will be required to undergo a pre-employment DRUG SCREEN. During the course of my employment, should reasonable suspicion exist to indicate possible impairment from proper and safe performance of my duties, I will be subject to additional testing for drug and/or alcohol usage.

I hereby authorize and fully consent to the disclosure and release to the City of Annapolis, Maryland of any information and documentation bearing on my academic history; job performance; and/or other credentials or licensure that may pertain to the vacancy for which application is being made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of the City of Annapolis' acceptance and evaluation of this application, I hereby release and hold harmless the City of Annapolis, Maryland; any school; present or former employer; and /or any person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature. I understand that I must notify the Human Resources Department of any change in my name, address, phone number or other pertinent information.

Check here to certify that the above information is true and correct. You will be required to sign this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_