



Allegany County Government

701 KELLY ROAD, CUMBERLAND, MARYLAND 21502 (301)777-2190

Application for Employment

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

A. GENERAL INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

LENGTH OF TIME AT LAST ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

UNITED STATES CITIZEN YES NO

TELEPHONE NUMBER: _____

WHEN ARE YOU ABLE TO WORK
 FULL-TIME PART-TIME SEASONAL

WHEN WOULD YOU BE ABLE TO BEGIN WORK? _____

HAVE YOU BEEN EMPLOYED BY ALLEGANY COUNTY GOVERNMENT BEFORE?
 YES NO

DO YOU HAVE RELATIVES CURRENTLY WORKING FOR ALLEGANY COUNTY GOVERNMENT?
 YES NO

IF, YES, LIST POSITIONS HELD AND DATES:

IF, YES, PLEASE STATE NAME AND RELATIONSHIP:

B. MILITARY INFORMATION

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES NO BRANCH OF SERVICE: _____

DATES SERVED: _____ DESCRIBE SERVICE EXPERIENCE: _____

C. EDUCATION

HIGH SCHOOL

NAME OF SCHOOL ATTENDED & ADDRESS	COURSE OF STUDY	DEGREE AWARDED

COLLEGE/UNIVERSITY

NAME OF SCHOOLS ATTENDED & ADDRESS	COURSE OF STUDY	DATES ATTENDED
DEGREES EARNED	PERTINENT COURSEWORK	

OTHER ADDITIONAL EDUCATION OR TRAINING

TYPE OF TRAINING	SOURCE	DATES

OTHER PERTINENT JOB SKILLS, LICENSES, CERTIFICATIONS

D. REFERENCES

LIST THREE EMPLOYMENT, PERSONAL, AND/OR EDUCATIONAL REFERENCES WHO WE MAY CONTACT FOR THE PURPOSE OF OBTAINING INFORMATION RELATING TO YOUR PREVIOUS EMPLOYMENT, EDUCATIONAL ACCOMPLISHMENTS, OR PERSONAL CHARACTER. DO NOT LIST CURRENT ALLEGANY COUNTY EMPLOYEES OR OFFICIALS.

NAME/RELATIONSHIP	ORGANIZATION	ADDRESS	TELEPHONE NUMBER

E. WORK EXPERIENCE

BEGINNING WITH YOUR PRESENT OR LAST JOB, LIST THE THREE MOST RECENT POSITIONS YOU HAVE HELD. IF ADDITIONAL SPACE REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

EMPLOYER _____	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS _____	HOURLY RATE/SALARY		
JOB TITLE _____	START	END	
SUPERVISOR _____			
REASON FOR LEAVING _____			

EMPLOYER _____	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS _____	HOURLY RATE/SALARY		
JOB TITLE _____	START	END	
SUPERVISOR _____			
REASON FOR LEAVING _____			

EMPLOYER _____	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS _____	HOURLY RATE/SALARY		
JOB TITLE _____	START	END	
SUPERVISOR _____			
REASON FOR LEAVING _____			

F. AGREEMENT

I HEREBY CERTIFY THAT ALL OF THE ANSWERS GIVEN AND STATEMENTS MADE ARE TRUE AND CORRECT. I, HEREBY AUTHORIZE ALL MY PREVIOUS EMPLOYERS OR REFERENCE TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, WORK HABITS, OR EMPLOYMENT RECORDS. I HEREBY RELEASE ALL SUCH PERSONS FROM LIABILITY (DAMAGES INCURRED AS A RESULT OF INQUIRY AND FURNISHMENT OF THIS INFORMATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN SUBSEQUENT DISCHARGE.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT (OR PROSPECTIVE EMPLOYMENT) OR ANY EMPLOYEE TO SUBMIT TO 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.

**NOT APPLICABLE TO LAW ENFORCEMENT OFFICERS

SIGNATURE OF APPLICANT

DATE OF APPLICATION

EOE/ADA STATEMENT

IT IS THE POLICY OF ALLEGANY COUNTY GOVERNMENT TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS. THIS COMMITMENT INCLUDES A MANDATE TO PROMOTE AND AFFORD FAIR AND EQUAL TREATMENT AND SERVICES TO ALL COUNTY RESIDENTS, COUNTY REPRESENTATIVES, EMPLOYEES, AND APPLICANTS TO ASSURE TO ALL PERSONS EQUAL EMPLOYMENT OPPORTUNITY BASED ON ABILITY AND FITNESS REGARDLESS OF RACE, RELIGION, COLOR, CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY UNLESS SUCH DISABILITY EFFECTIVELY PREVENTS THE PERFORMANCE OF ESSENTIAL DUTIES REQUIRED OF A POSITION AND WHICH ARE BONA FIDE OCCUPATIONAL QUALIFICATIONS WHICH CANNOT BE ACCOMMODATED WITHOUT UNDUE HARDSHIP.

RETURN APPLICATION TO:

**ALLEGANY COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES & PERSONAL SERVICES
701 KELLY ROAD, SUITE 402
VOICE NUMBER: (301) 777-2190
FAX NUMBER: (301) 777-2441**



Affirmative Action Data Form

Office of Human Resources and Personnel Services • Allegany County Government • Cumberland, Maryland 21502

As a part of Allegany County Government's policy on nondiscrimination and its Affirmative Action/Equal Opportunity Program, all applicants for employment are requested to voluntarily complete and return this form to the Office of Human Resources and Personnel Services within one week of receipt. This form is used by the Office of Human Resources and Personnel Services in the attempt to monitor and enhance Affirmative Action efforts and equal employment practices.

Date: _____

Name: _____
Title First Name Last Name

Sex: Female Male

Ethnic Group:

- American Indians/Alaskan Native
- Asian or Pacific Islander
- Black/African American (Non-Hispanic)
- Hispanic (All Spanish Origins)
- White (Non-Hispanic)
- Other (Specify) _____

American Citizen:

yes no

If no, do you have authorization to work in the United States?

Are you a veteran of the Vietnam Era? yes no

Are you a disabled veteran? yes no

Position applied for: (Please be specific)

Source of Referral:

Allegany County Government Announcement:

- Office of Human Resources & Personnel Services
- Other: _____
- Colleague
- Newspaper (Name & Date)

Professional Journal (Name & Date)

Placement Agency (Name): _____

College/University Placement Office (Name): _____

Do you have any disability for which Allegany County Government might make accommodations to enable you to perform in the position being applied for?

yes no

If yes, please indicate needed accommodations (attach sheet, if necessary).

(Fold Here)

From: _____

**POST OFFICE
WILL NOT
DELIVER
WITHOUT
PROPER
POSTAGE**

**Office of Human Resources and Personnel Services
Allegany County Government
Allegany County Office Complex, Suite 403
Cumberland, Maryland 21502**

PLEASE TAPE HERE • DO NOT STAPLE