

BALTIMORE COUNTY APPLICATION FOR EMPLOYMENT

PLEASE READ THESE INSTRUCTIONS BEFORE YOU COMPLETE YOUR APPLICATION

Applications for full-time positions are only accepted for jobs which are currently posted. Be sure to list the title of the job for which you are applying, and the announcement number that appears in the upper right corner of the job announcement. Applications for other than full-time position are accepted on an on-going basis.

Complete the entire application. Incomplete applications may not be considered. All applications must be submitted to the Baltimore County Office of Human Resources, 308 Allegheny Ave., Towson, MD 21204.

POSITION APPLIED FOR _____ (GIVE EXACT TITLE) _____ (ANNOUNCEMENT #)

Full-time _____ Other than Full-time _____ How did you learn of employment? _____

PERSONAL DATA

NAME _____ Social Security # _____
 Last First Middle

ADDRESS _____
 Street City State Zip Code

Home Phone # _____ Office Phone # _____ Emergency Phone # _____

Alternate Contact Person for Notification of interview: Name _____ Phone # _____

Do you have the legal right to work in the U.S.? Yes ____ No ____

EDUCATIONAL DATA

Circle Highest Grade completed	Name/Location of Last Elementary/High School Attended	List Chief Courses	Did you graduate? Yes ____ No ____ If no, have you received a State high school equivalence certificate? Yes ____ No ____		
1 2 3 4 5 6 7 8 9 10 11 12					
College/University Give name and location Of College, University Or Professional School	Major and Speciality	Dates Attended		Degree Received?	
		From	To	If Yes give Title and Date	If No, number Semester Hrs Credit Completed
List Pertinent Undergraduate College Subjects Completed	Credits	List Pertinent Graduate College Subjects Completed			Credits
Other Training Give Name/Location Of School	Subjects Studied	Dates Attended		Certificate and/or Credits received	
		From	To		

DO NOT WRITE BELOW THIS LINE

Minimum Qualifications:
Education

Experience

Position	Q	NQ	C/A	REJ	REASONS

EMPLOYMENT RECORD DATA

Give employment record as completely as possible starting with your **present** or last employer. Applications must be filled out completely and must clearly show that minimum qualifications are met. Include experience gained through paid positions, volunteer work or military service. Attach additional sheets or use space provided on back of application if necessary.

Employer	Address	Date Start Mo. Yr.	Date Finish Mo. Yr.
Type of Business	Reason For Leaving	Salary Start	Salary Finish
Title of Position	Full-Time _____ Part-Time _____ <i>If you checked Part-time</i> Give average number of hrs you Worked per week		
Major Duties:			
Supervisory Duties, If Any:			
Employer	Address	Date Start Mo. Yr.	Date Finish Mo. Yr.
Type of Business	Reason For Leaving	Salary Start	Salary Finish
Title of Position	Full-Time _____ Part-Time _____ <i>If you checked Part-time</i> Give average number of hrs you Worked per week		
Major Duties:			
Supervisory Duties, If Any:			
Employer	Address	Date Start Mo. Yr.	Date Finish Mo. Yr.
Type of Business	Reason For Leaving	Salary Start	Salary Finish
Title of Position	Full-Time _____ Part-Time _____ <i>If you checked Part-time</i> Give average number of hrs you Worked per week		
Major Duties:			
Supervisory Duties, If Any:			
Employer	Address	Date Start Mo. Yr.	Date Finish Mo. Yr.
Type of Business	Reason For Leaving	Salary Start	Salary Finish
Title of Position	Full-Time _____ Part-Time _____ <i>If you checked Part-time</i> Give average number of hrs you Worked per week		
Major Duties:			
Supervisory Duties, If Any:			

Employer	Address	Date Start Mo. Yr.	Date Finish Mo. Yr.
Type of Business	Reason For Leaving	Salary Start	Salary Finish
Title of Position	Full-Time _____ Part-Time _____ <i>If you checked Part-time</i> Give average number of hrs you Worked per week		
Major Duties:			
Supervisory Duties, If Any:			
Employer	Address	Date Start Mo. Yr.	Date Finish Mo. Yr.
Type of Business	Reason For Leaving	Salary Start	Salary Finish
Title of Position	Full-Time _____ Part-Time _____ <i>If you checked Part-time</i> Give average number of hrs you Worked per week		
Major Duties:			
Supervisory Duties, If Any:			

REQUIRED REGISTRATION OR LICENSE THAT YOU POSSESS (PROFESSIONAL OR MOTOR VEHICLE)

Title and State Number Expiration Date

I understand that consideration for employment in this position is contingent upon the results of a background check. I therefore authorize Baltimore County Government to investigate all statements made on this application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize Baltimore County Government to contact my former employer(s) and listed references or other persons who Who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to Baltimore County Government.

I understand that if I am selected for an appointment to a position I will be given a physical examination on the basis of which I may or may not be accepted for appointment.

The following notice applies to everyone except applicants for correctional officer positions or 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, AS A CONDITION OF EMPLOYMENT, PROSEPTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

Date _____ Signature _____

MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM. IF YOU HAVE NOT FILLED IT OUT COMPLETELY, IT MAY RESULT IN THE REJECTION OF THIS APPLICATION.

APPLICANT INFORMATION

The information requested below is needed to meet the requirements of certain federal regulatory agencies. It will be seen and tabulated by the Office of Human Resources only.

This information is confidential and will not be used in any employment decision or in determining a test score.

Please complete all items and **return this form with your application**

POSITION APPLIED FOR: _____
(Give exact title)

DATE OF BIRTH _____ SEX _____ M _____ F
(Month) (Day) (Year)

RACE/ETHNIC IDENTIFICATION (check one)

_____ WHITE (NOT OF HISPANIC ORIGIN – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST)

_____ BLACK (NOT OF HISPANIC ORIGIN – A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA)

_____ HISPANIC – A PERSON OF PUERTO RICAN, MEXICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE

_____ ASIAN OR PACIFIC ISLANDER – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST SOUTHEAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS THIS AREA INCLUDES FOR EXAMPLE, CHINA, JAPAN, KOREA, THE PHILIPPINE ISLANDS AND SAMOA

_____ AMERICAN INDIAN OR ALASKAN NATIVE – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY RECOGNITION

DISABILITY (if any) _____

NOTICE TO PERSONS WITH DISABILITIES – TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES MAY BE MADE BY CONTACTING THE EMPLOYMENT DIVISION AT (410) 887-3135.

PRESENT EMPLOYMENT STATUS

_____ I am not presently employed by Baltimore County Government.

_____ I am presently employed by Baltimore County Government.

_____ Full-time Merit System (Dept) _____

_____ Part-time (Dept) _____

_____ Temporary or provisional (Dept) _____

_____ Other (Dept) _____