

RETURN TO:

HOWARD COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MARYLAND 21043

EOE/MF

WEB SITE: http://co.ho.md.us./jobs.html
JOB LINE: (410) 313-4460 TTY :(410) 313-2323

EMPLOYMENT APPLICATION

It is Howard County Government's policy to select new employees and to promote current employees based upon qualifications without regard to race, creed, religion, disability, color, sex, national origin, age, marital status, political opinion or sexual orientation. Each selected applicant must meet all requirements which may include successful completion of an oral, written or unassembled examination, a medical examination and a confidential background investigation. Disabled applicants requiring accommodation in completing the application process should call 410-313-2033.

INSTRUCTIONS: Applications are only accepted for positions which are posted. All applicants, including County employees seeking promotion or transfer, must provide a complete, separate and signed application for each position. A photocopy with an original signature is acceptable. Mailed applications must be postmarked no later than midnight on the final date for filing. Applications are retained for a period of six months from the date of receipt.

POSITION APPLYING FOR: [line] [ ] Part Time [ ] Full Time

NOTE: In general, candidates are hired at the entry rate for the position. If you are unable to accept the entry rate, please indicate the minimum rate you are willing to consider:

\$ [line] [ ] per year [ ] per hour

PLEASE PRINT OR TYPE:

Name: [line] Last First Middle

Address: [line] Street City State Zip

Telephone: Home [line] Work [line] E-Mail Address: [line]

Do you possess a valid motor vehicle operator's license? [ ] Yes [ ] No Type/Class: [line]

Are you a current Howard County Government employee? [ ] Yes [ ] No Location: [line]

Are you a former Howard County Government employee? [ ] Yes [ ] No Date Left: [line] / [line] / [line] month day year

EDUCATION AND TRAINING

Highest Grade Completed: [line]

Do you have a High School Equivalency Diploma (GED) :

Did you graduate? [ ] Yes [ ] No [line] / [line] month year

[ ] Yes [ ] No [line] year awarded [line] state awarded

Name, City and State of Last High School Attended: [line]

Table with 5 columns: COLLEGES ATTENDED CITY & STATE, MAJOR FIELD, NO. OF CREDITS, DEGREE AWARDED, DATES ATTENDED FROM TO. Contains 4 empty rows.

Table with 5 columns: NAME OF SCHOOL, CITY, STATE, TYPE OF TRAINING, TOTAL HRS. WKS. Includes header row and 3 empty rows.

SPECIAL QUALIFICATIONS - (Include active technical/professional licenses and numbers, academic or professional awards, etc.)

[line]
[line]

## EMPLOYMENT HISTORY

**Instructions:** PLEASE PROVIDE A COMPLETE EMPLOYMENT HISTORY, LISTING ALL POSITIONS HELD, INCLUDING MILITARY, PART-TIME, SUMMER, AND VOLUNTEER. USE ADDITIONAL SHEETS IF NECESSARY. IF SUBMITTING A RESUME, YOU MUST COMPLETE ALL INFORMATION EXCEPT "DUTIES".

### PRESENT OR MOST RECENT POSITION:

MAY WE CONTACT YOUR PRESENT EMPLOYER ABOUT YOU?  YES  NO

EMPLOYER NAME _____ ADDRESS _____ _____ JOB TITLE: _____	Dates of Employment Month/Year From                      To _____ / _____    _____ / _____	Salary Start \$ _____ Final \$ _____	Average Hrs. Per Week _____ _____
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TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED \_\_\_\_\_ TYPES OF EMPLOYEES SUPERVISED \_\_\_\_\_

DUTIES \_\_\_\_\_

### FORMER POSITION:

EMPLOYER NAME _____ ADDRESS _____ _____ JOB TITLE: _____	Dates of Employment Month/Year From                      To _____ / _____    _____ / _____	Salary Start \$ _____ Final \$ _____	Average Hrs. Per Week _____ _____
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TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED \_\_\_\_\_ TYPES OF EMPLOYEES SUPERVISED \_\_\_\_\_

DUTIES \_\_\_\_\_

### FORMER POSITION:

EMPLOYER NAME _____ ADDRESS _____ _____ JOB TITLE: _____	Dates of Employment Month/Year From                      To _____ / _____    _____ / _____	Salary Start \$ _____ Final \$ _____	Average Hrs. Per Week _____ _____
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TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED \_\_\_\_\_ TYPES OF EMPLOYEES SUPERVISED \_\_\_\_\_

DUTIES \_\_\_\_\_

## OTHER QUALIFICATIONS

- Data Entry or Key Boarding skills @ \_\_\_\_\_ words per minute
- Power Tools or Motor Equipment (list tools and equipment below)
- Computer Skills ( list specific hardware and/or software below)
- Other (list below)

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List below any additional information you consider pertinent to your application for employment:

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## GENERAL INFORMATION

Affirmative responses to the following questions will not automatically exclude you from employment consideration.

Have you ever been dismissed or asked to resign from any position for reasons other than disability? Yes  No  If yes, please explain.

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Have you ever been convicted of an offense in an adult court? Yes  No  If yes, please explain .

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## RECRUITMENT SOURCE

How did you find out about this job? (Please mark as many as apply)

- (1) County Human Resources Office or Job Line
- (2) County Employee \_\_\_\_\_  
Name
- (3) Job Announcement on Bulletin Board
- (4) Newspaper or Publication  
\_\_\_\_\_  
Name of Newspaper or Publication
- (5) Community Organization  
\_\_\_\_\_  
Name of Organization

- (6) Radio or TV \_\_\_\_\_  
Name of Station
- (7) Internet \_\_\_\_\_  
Web Site
- (8) Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED SIGNATURES

In order to avoid a delay in the processing of your application, please be sure you have signed and dated the form below and that you have answered every question clearly and completely.

**NOTE: If you are submitting a photocopied application, signatures on this page MUST be original.**

- A. THE FOLLOWING NOTICE APPLIES TO EVERYONE EXCEPT APPLICANTS FOR LAW ENFORCEMENT OFFICER POSITIONS AS DEFINED BY STATE LAW, 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

- B. I UNDERSTAND THAT TO BE ELIGIBLE FOR EMPLOYMENT, I MUST BE A CITIZEN OR NATIONAL OF THE UNITED STATES, AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE, OR AN ALIEN AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICE TO WORK IN THE UNITED STATES. I FURTHER UNDERSTAND THAT TO BE EMPLOYED BY HOWARD COUNTY GOVERNMENT, I WILL BE REQUIRED TO PRESENT EVIDENCE OF MY IDENTITY AND EMPLOYMENT ELIGIBILITY THAT ARE GENUINE AND RELATE TO ME AND THAT FEDERAL LAW PROVIDES FOR IMPRISONMENT AND/OR FINE FOR ANY FALSE STATEMENTS OR USE OF FALSE DOCUMENTS IN CONNECTION WITH MY ELIGIBILITY VERIFICATION.
- C. I UNDERSTAND AS A CONDITION OF MY EMPLOYMENT I MAY BE REQUIRED TO FILE A FINANCIAL DISCLOSURE STATEMENT.
- D. I CERTIFY THAT I HAVE READ AND FULLY COMPREHEND THIS FORM IN ITS ENTIRETY AND THAT THE INFORMATION HEREIN PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, SHOULD ANY STATEMENT I HAVE MADE PROVE TO BE FALSE, MISLEADING OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY APPLICATION OR IN MY DISCHARGE FROM THE COUNTY SERVICE. IN SUBMITTING THIS APPLICATION, I FURTHER UNDERSTAND THAT IT BECOMES THE PROPERTY OF HOWARD COUNTY AND WILL NOT BE RETURNED.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**HOWARD COUNTY GOVERNMENT**  
**AN EQUAL OPPORTUNITY EMPLOYER**  
**COMMITTED TO WORKFORCE DIVERSITY**

