

Application For Employment



WASHINGTON COUNTY
DIVISION OF HUMAN RESOURCES
100 W. WASHINGTON STREET
HAGERSTOWN, MD 21740-4727
(301)791-3175 (Voice/TDD)
FAX: (301) 791-3193

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related physical or mental handicap

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Name _____ Social Security Number _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____ Birth Date* _____
Area Code Month Day Year

Height* _____ Weight* _____ Date of Last Physical Exam. _____

Do you feel that you can perform all the functions related to the job? Yes No

If not, specify _____

Are you willing to take a physical examination? Yes No

Are you willing to undergo an alcohol and/or drug test? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

For which department? _____

** Can you be bonded? Yes No If not, why? _____

** Have you ever been bonded? Yes No Date _____

Are you a veteran? Yes No Branch of Service _____ From _____ To _____

Are you a member of the reserves or the National Guard? Yes No

Branch of Service _____ From _____ To _____ Rank _____

* **Optional Information** -- This information is optional and need not be given by the applicant. Disclosure of this information will not be considered when establishing eligibility for the position.

** This information must be disclosed *ONLY* if it is essential to the type of position you are applying for.

Education**

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed (Please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Special- ized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

If you did not graduate from high school, have you passed an examination and received a high school equivalency certificate from Maryland or any other state? Yes No

Name of state granting certificate of equivalency _____ Date of Issuance _____

** Driver's License Number _____ Class _____ State of Issue _____ Date of Expiration _____

** Do you currently have any active motor vehicle "points" on your driving record? Yes No
If Yes, how many? _____

Clerical Applicants Only: (Indicate clerical skills below)

- | | | | | |
|--|--|--|--------------------------------------|--------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Stock Records | <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Multigraph | Other: _____ |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Typing _____ WPM | <input type="checkbox"/> Key punch | _____ |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Filing | <input type="checkbox"/> Shorthand _____ WPM | <input type="checkbox"/> Transcriber | _____ |
| <input type="checkbox"/> Statistical Clerk | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Dictaphone | _____ |

Give a brief statement in your own handwriting of why you would like to work for Washington County.

Signature of Applicant

Date

** This information must be disclosed *ONLY* if it is essential to the type of position you are applying for.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					

All applicants must provide at least three (3) employment related references:

	Name	Address	Telephone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Employment Related Information

Instructions: The below listed employment related information must be completed by all applicants. Failure to complete this information truthfully may result in disqualification from consideration for County employment. Applicants may attach additional sheets if necessary.

1. How many times did you miss work last year? What were the reasons?

2. If you have had disciplinary actions taken against you by any previous employer, please describe the facts and circumstances.

3. Have you ever been discharged (fired) from a job? If yes, please explain in detail.

I certify that, if employed, I will produce documents to establish that I am legally able to work in the United States. I understand that a final employment offer is contingent upon completion of INS Form I-9 and receipt of acceptable documentation at the time of hire.

I further certify that I am physically capable of performing all the duties associated with the job for which I am applying. I understand that a final employment offer is contingent upon the successful completion of a physical examination which includes a drug screen.

I acknowledge that my employment is "at will" and that the Board of County Commissioners of Washington County reserves the right to terminate me at any time with or without cause and with or without notice. I understand that no practice or policy of the County Commissioners relating to termination procedures alters the "at will" nature of my employment in any way.

Signature of Applicant

Date

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Check One: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Pre-Employment Statement

READ CAREFULLY BEFORE SIGNING

This application is valid for only one (1) calendar year. If you have not been employed within 12 months of your application date, you must reapply.

I consent to taking an employment physical examination to include an alcohol and drug screen and such future physical examinations as may be required by the County.

I authorize the Washington County Commissioners to contact my previous employers, if necessary, and obtain employment information from them, and to further investigate the truthfulness of my application.

I understand further that any false answers or statements or misleading omissions made by me on this application, in connection with the above mentioned investigation or in any physical examination can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge.

Signature of Applicant

Date

In conformity with applicable laws, Washington County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or physical or mental handicap.

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

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, physical or mental handicap.

As an employer, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey (*see reverse side*). We appreciate your cooperation.

This Affirmative Action Survey data is for periodic government reporting and will be kept in a Confidential File separate from this Application for Employment.

