



**APPLICATION FOR EMPLOYMENT**

**Wicomico County, Maryland  
An Equal Opportunity Employer  
Human Resources Department**

P.O. Box 870, 125 N. Division St., Salisbury, MD 21803-0870  
410-334-3105 Fax: 410-334-3111

(This application will be kept active for sixty (60) days only unless updated.)

We appreciate your interest in employment with Wicomico County and assure you that we are interested in your qualifications. The information requested in this application will aid us in evaluating your qualifications. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or presence of a medical condition or handicap.

(Please Print Plainly)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

(The designation of a specific position will not exclude you from being considered for any other position for which you are qualified.)

Department(s) \_\_\_\_\_ Salary Required \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Phone ( \_\_\_\_\_ ) Social Security No. \_\_\_\_\_  
(Area Code)

- Referral Sources:
- Advertisement
  - Employment Agency
  - Personal Contact
  - Other
  - State Employment Office
  - Walk-In
  - College Placement Service

State Age If Under 18 Years or Over 70 Years \_\_\_\_\_

Are You Legally Eligible for Employment in the United States of America? \_\_\_\_\_

Have You Filed An Application Here Before?  Yes  No Date \_\_\_\_\_

Were You Previously Employed By Us?  Yes  No Date \_\_\_\_\_

Are You Available to Work:  Full Time?  Part Time?  Shifts?  Overtime?

Date of Availability? \_\_\_\_\_

Are You On Lay-Off Subject to Recall? \_\_\_\_\_

Can You Travel If a Job Requires It? \_\_\_\_\_

Have You Been Convicted of a Felony Within the Last Seven Years? \_\_\_\_\_

If Yes, Please Explain \_\_\_\_\_

Were You in the United States Armed Forces? \_\_\_\_\_

If Yes Which Branch? \_\_\_\_\_

Did Your Military Service Have Any Relationship to the Position For Which You Have Applied? \_\_\_\_\_

If Yes, Please Explain \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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**EDUCATION**

Highest Grade Completed:    1   2   3   4   5   6   7   8   9   10   11   12

College:                    1   2   3   4

Post College:            1   2   3   4

Special Training \_\_\_\_\_

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**Please Read and Sign Below:**

Any applicant who is selected for employment by Wicomico County must, as a condition of employment and before any offer of employment can be considered final, complete United States Department of Justice Immigration and Naturalization Service Form I-9 and provide acceptable documents that establish both identity and employment authorization as defined by Federal Regulation. The foregoing must be accomplished before employment and failure to do so will cancel any offer of employment with Wicomico County.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> Date
The proposed employee has 5 working days within which to comply with these requirements.	

**PREVIOUS WORK EXPERIENCE** (List all present and past employment beginning with the most recent.)

Employer	From	To	Type of Work	Begin. Rate	Ending Rate	Reason For Leaving	Name of Supervisor
1a) Name							
1b) Address and Phone Number							
Employer	From	To	Type of Work	Begin. Rate	Ending Rate	Reason For Leaving	Name of Supervisor
1a) Name							
1b) Address and Phone Number							
Employer	From	To	Type of Work	Begin. Rate	Ending Rate	Reason For Leaving	Name of Supervisor
1a) Name							
1b) Address and Phone Number							

(If you need additional space, please continue on a separate sheet.)

May We Contact the Employers Listed Above? \_\_\_\_\_ If Not, Indicate by Number Which One(s) You Do Not Wish Us to Contact \_\_\_\_\_

Summarize Special Skills and Qualifications Acquired from Employment or Other Experience (Including Machinery Operation) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>PERSONAL REFERENCES</b>	(Not Former Employees or Relatives)
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Name	Address	Phone Number

**Please Read and Sign Below:**

I certify that the above information is correct and complete to the best of my knowledge and belief. To determine my qualifications for employment, I authorize Wicomico County to verify any of the information I have submitted in this application and to request information from previous employers as noted and from personal references herein provided. I understand that any false or misleading information furnished by me on the application form or in connection with my application for employment or omission of material fact may result in rejection of the application, or if employed by Wicomico County, in the termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please Read and Sign Below:**

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 of Applicant

\_\_\_\_\_  
Date

**For Personnel Department Use Only**

**Applicant – Do Not Complete**

Interviewer	Date	Comments

Reference	Date	Result of Reference Check


Employer	Date	Result of Employment Check