# **Garrett County Government** 203 South Fourth Street, Court House Room 206, Oakland, MD 21550

301-334-8975

# **Application for Employment**

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	First	Middle	Social Security				
Address Number S	treet	City	State	Zip Code			
Telephone		E-Mail					
Are you willing to take a physical Are you willing to undergo an a			🗆 No				
Have you filed an application here	e before?	Yes 🗆 No	If Yes, giv	e date			
Have you ever been employed her	re before? 🗆 Y	es 🗆 No	If Yes, give date				
For which department?							
Are you a veteran?	No Branch	of Service	From	_То			
Are you a member of the reserves	or the National	Guard? 🗆 Yes 🗆	No				
Branch of Service		From	То	Rank			

### **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.

Signature of Applicant

Date

#### Education

	Elementary		High School			College/Universi ty				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 Specialized training and extra curricular activities														-			
If you did not graduate from high school, have certificate from Maryland or any other state?	-	_				nina	tion	and r	receiv	ved a	high	sch	ool eq	uiva	lency	/	
Name of state granting certificate of equivaler	ncy_							Da	ate of	Issu	iance						
Driver's License Number	Class			State of Issue			]	Date of Expiration									
Do you currently have any active motor vehic If Yes, how many?		'poi	nts'	' on	your	driv	ing r	ecord	1? □	Ye	s	□ N	lo				
May we contact your current employer?		Ye	es		No												
Give a brief statement in your own handwritin	ıg o	f wl	hy y	/ou	would	l like	e to v	vork	for G	arret	tt Co	unty	Gove	rnme	ent.		
					1												

## **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.

Employer	loyer Telephone		Work Performed				
Address							
Job Title		Hourly Rate/Salary					
Supervisor		Starting					
Reason for Leaving		Final					
Employer	Telephone	Dates Employed From To	Work Performed				
Address							
Job Title		Hourly Rate/Salary					
Supervisor		Starting					
Reason for Leaving		Final					
Employer	Telephone	Dates Employed From To	Work Performed				
Employer Address	Telephone		Work Performed				
	Telephone	From   To     Hourly Rate/Salary	Work Performed				
Address	Telephone	From To	Work Performed				
Address Job Title	Telephone	From   To     Hourly Rate/Salary	Work Performed				
Address Job Title Supervisor	Telephone	From To Hourly Rate/Salary Starting	Work Performed Work Performed				
Address Job Title Supervisor Reason for Leaving		From     To       Hourly Rate/Salary       Starting       Final       Dates Employed					
Address Job Title Supervisor Reason for Leaving Employer		From     To       From     To       Hourly Rate/Salary     Image: Comparison of the second of th					
Address Job Title Supervisor Reason for Leaving Employer Address		From     To       Hourly Rate/Salary       Starting       Final       Dates Employed       From     To					

All applicants must provide at least five (5) employment related references:

Name	Address	Telephone	Relationship

#### **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 Garrett County Government 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 of for immediate discharge.

Signature of Applicant

Date

In conformity with applicable laws, Garrett County Government 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 guilty of a misdemeanor and subject to a fine not to exceed \$100.

#### **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the County.

Signature of Applicant

Date