



Allegany County Government

• 701 KELLY ROAD, CUMBERLAND, MARYLAND 21502 (301) 777-5979 •

Application for Employment

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

A. GENERAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

HAVE YOU BEEN EMPLOYED BY ALLEGANY COUNTY GOVERNMENT BEFORE?

☐ YES ☐ NO

IF YES, LIST POSITIONS HELD AND DATES:

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES ☐ YES ☐ NO

WHEN ARE YOU ABLE TO WORK

☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

WHEN WOULD YOU BE ABLE TO BEGIN WORK? _____

DO YOU HAVE RELATIVES CURRENTLY WORKING FOR ALLEGANY COUNTY GOVERNMENT?

☐ YES ☐ NO

IF YES, PLEASE STATE NAME AND RELATIONSHIP:

B. MILITARY INFORMATION

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? ☐ YES ☐ NO BRANCH OF SERVICE: _____

DATE SERVED: _____ JOB DUTIES: _____

C. EDUCATION

HIGH SCHOOL

| NAME OF SCHOOL ATTENDED AND ADDRESS | COURSE OF STUDY |
|-------------------------------------|-----------------|
| | |
| | |

COLLEGE/UNIVERSITY

| NAME OF SCHOOL ATTENDED AND ADDRESS | COURSE OF STUDY |
|-------------------------------------|----------------------|
| | |
| | |
| | |
| DEGREES EARNED | PERTINENT COURSEWORK |
| | |
| | |
| | |

OTHER ADDITIONAL EDUCATION OR TRAINING

| TYPE OF TRAINING | SOURCE | DATES |
|------------------|--------|-------|
| | | |
| | | |
| | | |

OTHER PERTINENT JOB SKILLS, LICENSES, CERTIFICATIONS, CDL DRIVERS LICENSE, ETC.

C. REFERENCES

LIST THREE EMPLOYMENT, PERSONAL AND/OR EDUCATIONAL REFERENCES WHO WE MAY CONTACT FOR THE PURPOSE OF OBTAINING INFORMATION RELATING TO YOUR PREVIOUS EMPLOYMENT, EDUCATIONAL ACCOMPLISHMENTS OR PERSONAL CHARACTER. DO NOT LIST CURRENT ALLEGANY COUNTY EMPLOYEES/OFFICIALS OR IMMEDIATE FAMILY MEMBERS.

| NAME/RELATIONSHIP | ORGANIZATION | ADDRESS | TELEPHONE NUMBER |
|-------------------|--------------|---------|------------------|
| | | | |
| | | | |
| | | | |

D. WORK EXPERIENCE

BEGINNING WITH YOUR PRESENT OR LAST JOB, LIST THE THREE MOST RECENT POSITIONS YOU HAVE HELD. IF ADDITIONAL SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

| EMPLOYER | DATES | | WORK PERFORMED |
|--------------------|------------|----|----------------|
| | FROM | TO | |
| ADDRESS | | | |
| | | | |
| JOB TITLE | SUPERVISOR | | |
| | | | |
| REASON FOR LEAVING | | | |
| | | | |

| EMPLOYER | DATES | | WORK PERFORMED |
|--------------------|------------|----|----------------|
| | FROM | TO | |
| ADDRESS | | | |
| | | | |
| JOB TITLE | SUPERVISOR | | |
| | | | |
| REASON FOR LEAVING | | | |
| | | | |

| EMPLOYER | DATES | | WORK PERFORMED |
|--------------------|------------|----|----------------|
| | FROM | TO | |
| ADDRESS | | | |
| | | | |
| JOB TITLE | SUPERVISOR | | |
| | | | |
| REASON FOR LEAVING | | | |
| | | | |

F. AGREEMENT

I HEREBY CERTIFY THAT ALL OF THE ANSWERS GIVEN AND STATEMENTS MADE ARE TRUE AND CORRECT. I HEREBY AUTHORIZE ALL MY PREVIOUS EMPLOYERS OR REFERENCES TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, WORK HABITS OR EMPLOYMENT RECORDS. I HEREBY RELEASE ALL SUCH PERSONS FROM LIABILITY OR DAMAGES INCURRED AS A RESULT OF INQUIRY AND FURNISHMENT OF THIS INFORMATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN SUBSEQUENT DISCHARGE.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT (OR PERSPECTIVE EMPLOYMENT) OR ANY EMPLOYEE TO SUBMIT TO 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.

**NOT APPLICABLE TO LAW ENFORCEMENT OFFICERS

SIGNATURE OF APPLICANT

DATE OF APPLICATION

APPLICANT WILL BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG TEST.

EOE/ADA STATEMENT

IT IS THE POLICY OF ALLEGANY COUNTY GOVERNMENT TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS. THIS COMMITMENT INCLUDES A MANDATE TO PROMOTE AND AFFORD FAIR AND EQUAL TREATMENT AND SERVICES TO ALL COUNTY RESIDENTS, COUNTY REPRESENTATIVES, EMPLOYEES AND APPLICANTS TO ASSURE TO ALL PERSONS EQUAL EMPLOYMENT OPPORTUNITY BASED ON ABILITY AND FITNESS REGARDLESS OF RACE, RELIGION, COLOR, CREED, ANCESTRY OR NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY, GENDER IDENTITY AND SEXUAL ORIENTATION), MARITAL STATUS, AGE, GENETIC INFORMATION, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY, UNLESS SUCH DISABILITY EFFECTIVELY PREVENTS THE PERFORMANCE OF THE ESSENTIAL DUTIES REQUIRED OF A POSITION AND WHICH ARE BONA FIDE OCCUPATIONAL QUALIFICATIONS WHICH CANNOT BE ACCOMMODATED WITHOUT UNDUE HARDSHIP.

RETURN APPLICATION TO:

ALLEGANY COUNTY GOVERNMENT
DEPARTMENT OF HUMAN RESOURCES
701 KELLY ROAD
VOICE NUMBER: (301) 777-7579
FAX NUMBER: (301) 777-2432



Affirmative Action Data Form

Department of Human Resources • Allegany County Government • Cumberland, Maryland 21502

As a part of Allegany County Government's policy on nondiscrimination and its Affirmative Action/Equal Opportunity Program, all applicants for employment are requested to voluntarily complete and return this form to the Department of Human Resources within one week of receipt. This form is used by the Department of Human Resources in the attempt to monitor and enhance Affirmative Action efforts and equal employment practices.

Date: _____

Name: _____
Title First Name Last Name

Sex: ☐ Female ☐ Male

Ethnic Group:

- ☐ American Indians/Alaskan Natives
☐ Asian or Pacific Islander
☐ Black/African American (Non-Hispanic)
☐ Hispanic (All Spanish Origins)
☐ White (Non-Hispanic)
☐ Other (Specify) _____

American Citizen:

☐ yes ☐ no

If no, do you have authorization to work in the United States?

Are you a veteran of the Vietnam Era? ☐ yes ☐ no

Are you a disabled veteran? ☐ yes ☐ no

Position applied for: (Please be specific)

Source of Referral:

Allegany County Government Announcement

- ☐ Department of Human Resources
☐ Other
☐ Colleague
☐ Newspaper (Name & Date)

☐ Professional Journal (Name & Date)

☐ Placement Agency (Name) _____

☐ College/University Placement Office (Name)

Do you have any disability for which Allegany County Government might make accommodations to enable you to perform in the position being applied for?

☐ yes ☐ no

if yes, please indicate needed accommodations (attach sheet, if necessary).

