



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 _____

LENGTH OF TIME AT LAST ADDRESS _____

UNITED STATES CITIZEN YES NO

CITY _____ STATE _____ ZIP _____

WHEN ARE YOU ABLE TO WORK

TELEPHONE NUMBER _____

FULL-TIME PART-TIME SEASONAL

WHEN WOULD YOU BE ABLE TO BEGIN WORK? _____

HAVE YOU BEEN EMPLOYED BY ALLEGANY COUNTY GOVERNMENT BEFORE?

YES NO

DO YOU HAVE RELATIVES CURRENTLY WORKING FOR ALLEGANY COUNTY GOVERNMENT?

YES NO

IF YES, LIST POSITIONS HELD AND DATES:

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: _____

DATES SERVED _____

JOB DUTIES: _____

C. EDUCATION

HIGH SCHOOL

NAME OF SCHOOL ATTENDED AND ADDRESS	COURSE OF STUDY

COLLEGE/UNIVERSITY

NAME OF SCHOOLS 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.

D. 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 OR OFFICIALS.

NAME/RELATIONSHIP	ORGANIZATION	ADDRESS	TELEPHONE NUMBER

E. 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 _____	HOURLY RATE/SALARY		
JOB TITLE _____	START	END	
SUPERVISOR _____			
REASON FOR LEAVING _____			

EMPLOYER _____	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS _____	HOURLY RATE/SALARY		
JOB TITLE _____	START	END	
SUPERVISOR _____			
REASON FOR LEAVING _____			

EMPLOYER _____	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS _____	HOURLY RATE/SALARY		
JOB TITLE _____	START	END	
SUPERVISOR _____			
REASON FOR LEAVING _____			

F. AGREEMENT

I HERBY 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 PROSPECTIVE 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 ALL PERSONS EQUAL EMPLOYMENT OPPORTUNITY BASED ON ABILITY AND FITNESS REGARDLESS OF RACE, RELIGION, COLOR, CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, OR THE PRESENCE OF ANY SENSORY, MENTAL OR PHYSICAL DISABILITY UNLESS SUCH DISABILITY EFFECTIVELY PREVENTS THE PERFORMANCE OF ESSENTIAL DUTIES REQUIRED OF A POSITION AND WHICH ARE BONAFIDE QUALIFICATIONS WHICH CANNOT BE ACCOMMODATED WITHOUT UNIQUE HARDSHIP.

RETURN APPLICATION TO:

**ALLEGANY COUNTY GOVERNMENT
DEPARTMENT OF HUMAN RESOURCES
701 KELLY ROAD
VOICE NUMBER: (301) 777-5979
FAX NUMBER (301) 777-2432**

