



**Caroline
County**

*Caroline County Recreation & Parks
107 S. Fourth Street
Denton, MD 21629
PHONE 410-479-8120
FAX 410-479-4194*

Contact Information Form: Volunteers and Program Contractors

Instructions:

1. Please complete all sections of this application by either legibly printing or typing it.
2. If additional room is required to answer any questions or provide any information, please use a lined sheet of paper, affix your signature and the date, and attach it to this form.
3. In order to be considered by the County, applicants must fully complete this form, sign it where required and date it. Applicants are required to undergo certain background checks and execute certain consents.
4. Direct questions concerning this application to the Caroline County Recreation and Parks at the address indicated or telephone 410.479.8120, or send facsimile to 410.479.4194.

Information

Name (Last) (First) (Middle Initial)	Social Security Number
Street Address	Home/Cell Telephone Number
City State	Zip Code

Position Information

Title of Position Applied For

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

Yes No

1. Are you legally eligible for employment in the United State of America?
(If hired by Caroline County, you will be required to furnish proof of your eligibility for employment in the United States of America.)

2. Are you over the age of eighteen (18) years? (If your answer is "no", your employment is conditioned upon verification that you are of a minimum legal age to be employed in the position for which you have applied.)

3. Have you ever been asked to resign or resigned from a position in lieu of being fired?
(If you answer "yes", please give the employer, the position you held, the reason for the employer's action and the date you left employment.)

4. Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Accommodation not required . Accommodation required – Please explain below _____

Motor Vehicle License Information – You need only answer this question if the minimum qualifications for the position you are applying for include possession of a motor vehicle operator's license.

Do you have a valid motor vehicle operator's license issued by the state of Maryland or the ability to acquire one within thirty (30) days after employment? . No Yes – Provide the following information.

License(Soundex)Number:	
Issuing State:	Expiration Date:

Professional Certification – You need only answer this question if the minimum qualifications for the position you are applying for include possession of specific professional certification (PE, Law Enforcement Certification, etc.)

Do you have the required certification or the ability to acquire it within the required period? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide the following information.	
Certification Type:	Certification Number:
Issuing State:	Expiration Date:

Education Information

School	Name &Address of School	Course of Study	Years Completed	Did you Graduate	Give Degree or Degrees
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other(specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Criminal History

ALL APPLICANTS MUST ANSWER.

Have you ever been convicted of a crime? (Do not answer "Yes" if conviction was pardoned, expunged or resulted in Probation before Judgment. A conviction will not necessarily bar employment).

No Yes – Provide the following information.

Offense:	Date of Conviction:
Identity and Location of Court:	

ALL APPLICANTS MUST ANSWER.

Have you ever been convicted of a traffic offense involving the use of alcohol or a controlled substance? (Do not answer "Yes" if conviction was pardoned, expunged or resulted in Probation before Judgment. A conviction will not necessarily bar employment).

No Yes – Provide the following information.

Offense:	Date of Conviction:
Identity and Location of Court:	

Business References – Give the names of three (3) persons who are not related to you and who can attest to your work history, reliability and abilities.

Name	Street Address
City, State, Zip	Telephone Number
Name	Street Address
City, State, Zip	Telephone Number
Name	Street Address
City, State, Zip	Telephone Number

APPLICANT CERTIFICATION AND AUTHORIZATION

1. I certify and affirm that I have carefully reviewed all of the information I have supplied in this APPLICATION and that it is true and correct.
2. I authorize Caroline County to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any previous employers and references I have listed on this application. I authorize all previous employers to furnish Caroline County information they may have regarding my employment and reasons I left employment. In consideration of Caroline County's willingness to consider me for employment and to evaluate my credentials against other applicants, and the willingness of my previous employers to supply information which is necessary to that process, I release, discharge and hold harmless Caroline County and all previous employers from any liability at so ever in connection with the furnishing or obtaining of employment information, or arising out of the processing of this APPLICATION and consideration of my candidacy for the position I have applied for.
3. I specifically acknowledge that:
 - a. If, during the selection process, any information I have supplied on this APPLICATION is found to be incorrect or incomplete, I may be subject to disqualification from further consideration as a applicant for employment for furnishing false information.
 - b. If, after I have been employed by Caroline County, any information I have supplied is found to be incorrect or incomplete, I may be terminated from employment for furnishing false information.
 - c. Unless I am a applicant for employment as a Deputy Sheriff or Correctional Officer, I have not been required to submit to a polygraph examination in connection with my application for a position of employment with Caroline County.
 - d. All applicants offered employment must pass a urinalysis test for designated controlled dangerous substances. After I am employed, I understand that I may be required to participate in random urinalysis testing depending on my position.
4. The County will conduct a complete criminal background and registry checks and that I will be required to submit fingerprints and execute certain tasks
5. I have been advised that should I be employed by Caroline County, I shall be an Employee at Will with the terms and conditions of my employment established by rules and regulations Adopted by the Caroline County Commissioners.
6. I fully understood the provisions of this Applicant Certification and Authorization when I read them, or they were fully explained to me by the Office of Human Resources.

Date 20____

Applicant's Signature

Date 20____

Parent or Guardian Signature
(If Applicant under the age of 18)