



Caroline County

OFFICE OF HUMAN RESOURCES
602 CRYSTAL AVENUE
DENTON, MD 21629
PHONE 410-479-4105
FAX 410-479-4023

JOB APPLICATION

Instructions to Applicant:

1. Please complete all sections of this application by either legibly printing or typing it. Applications which cannot be read will not be considered.
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 application form.
3. In order to be considered by the County, applicants must fully complete this application form, sign it where required and date it. If an offer of employment is made, applicants are required to undergo certain background checks and execute certain consents.
4. Applications must be received via mail or by the Caroline County Office of Human Resources on or before the closing date established for the announcement.
5. Direct questions concerning this application to the Caroline County Office of Human Resources at the address indicated or telephone 410.479.4105, or send facsimile to 410.479.4023.

Applicant Information

Name (Last) (First) (Middle Initial)		Email Address
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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Accommodation not required <input type="checkbox"/> Accommodation required – Please explain below

_____ | | |
| 5. If selected for employment, on what date are you available to begin work? _____ | | |

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? <input type="checkbox"/> No <input type="checkbox"/> 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:

Educational Information

School	Name and Address of School	Course of Study	Years Completed				Did you Graduate	Give Degree or Degrees
			1	2	3	4		
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	

ALL APPLICANTS MUST ANSWER.

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

Employment History – Beginning with the present or latest employer, all applicants must provide the following information for all employers during the (7) years before the date of the application. (If more space is required to include all employers during the past (7) years, applicants may make a copy of page 3 before completing it and attach the additional page(s) to the application.)

Present or Latest Employer:

Employer	Position Title	
Street Address	City	
State	Zip	Telephone Number
Name of Immediate Supervisor	Employed From	Employed To
Are you presently employed by this employer? <input type="checkbox"/> Yes – When may we contact your current employer for a reference check? <input type="checkbox"/> No – Give your reason for leaving.		
List the top three essential functions of your job with this employer: 1. 2. 3.		
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes – What was your last evaluation, when did you receive it?		

Second Most Current Employer:

Employer	Position Title	
Street Address	City	
State	Zip	Telephone Number
Name of Immediate Supervisor	Employed From	Employed To
Are you presently employed by this employer? <input type="checkbox"/> Yes – When may we contact your current employer for a reference check? <input type="checkbox"/> No – Give your reason for leaving.		
List the top three essential functions of your job with this employer: 1. 2. 3.		
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes – What was your last evaluation, when did you receive it?		

Third Most Current Employer:

Employer	Position Title	
Street Address	City	
State	Zip	Telephone Number
Name of Immediate Supervisor	Employed From	Employed To
Are you presently employed by this employer? <input type="checkbox"/> Yes – When may we contact your current employer for a reference check? <input type="checkbox"/> No – Give your reason for leaving.		
List the top three essential functions of your job with this employer: 1. 2. 3.		
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes – What was your last evaluation, when did you receive it?		

Fourth Most Current Employer:

Employer	Position Title	
Street Address	City	
State	Zip	Telephone Number
Name of Immediate Supervisor	Employed From	Employed To
Are you presently employed by this employer? <input type="checkbox"/> Yes – When may we contact your current employer for a reference check? <input type="checkbox"/> No – Give your reason for leaving.		
List the top three essential functions of your job with this employer: 1. 2. 3.		
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes – What was your last evaluation, when did you receive it?		

Employee Recognition and Awards

Have you ever received an award for outstanding job performance or a specific job related act?
 No Yes – Explain, giving the date, basis for the award, and attach a copy or copies of documents evidencing such awards to your application.

Knowledge, Skills and Abilities

Please list and describe the knowledge, skills and abilities which you possess and which you believe will assist you in performing the tasks and functions for which you have applied.

1. _____

2. _____

3. _____

4. _____

5. _____

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 an 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. I understand that my fingerprints will be used to check the criminal history records of the FBI.
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.

_____ 20_____
Date

Applicant's Signature

_____ 20_____
Date

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