

Min. Salary Required: _____



Worcester County Government
APPLICATION FOR EMPLOYMENT
Human Resources Department
1 West Market Street Room 1301
Snow Hill, MD 21863
Phone: 410-632-0090
Fax: 410-632-5614

Date: _____

Worcester County is an Equal Opportunity Employer. All applicants for employment are considered on the basis of job qualifications without regard to race, gender, sexual orientation, age, national origin, religion, marital status, genetic information or disability. Applicants who falsify or omit information on their application or during an interview will be disqualified from County employment. **Applicants who apply for safety-sensitive positions are subject to pre-employment drug/alcohol testing and random drug/alcohol testing after employment. Incomplete applications may not be considered.**

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone Number: _____ Cell Phone Number: _____ Email: _____

Hours Required: _____ Jobs Applied For: _____

1. Are you related to anyone employed by Worcester County? Yes No If yes, who? _____

2. List any Worcester County employees you know personally: _____

3. Are you legally eligible to work in the US? Yes No (Proof of eligibility is required upon employment)

4. Are you at least 18 years of age? Yes No (If no, permit is required upon employment)

5. Have you ever been convicted of a felony? Yes No

6. Are you known by prior employers by another name? Yes No If yes, what names? _____

7. Have you ever been employed by Worcester County? Yes No

7a. If yes, provide dates of employment: _____

7b. Department: _____ 7c. Reason for leaving: _____

8. Do you have a valid driver's license? Yes No

Highest level of education: Some high school High school/GED Some college College Graduate

Degree acquired: _____ Name and location of last attended school: _____

List jobs held for the last 10 years, **starting with the most recent**, including military service. Use an additional sheet of paper if necessary.

JOB HISTORY

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Dates of Employment: From-To _____ Name of Supervisor: _____

Final Rate of Pay: _____ Reason for Leaving: _____

Duties:

SKILLS

Please summarize any skills, qualifications, awards or training not listed anywhere else on this application.

Reading Comprehension & Writing Skill Level:

Exceptional Above Average Average Below Average None

Rate your level of ability with the following personal computer applications:

MS Word	Exceptional	Above Average	Average	Below Average	None
MS Excel	Exceptional	Above Average	Average	Below Average	None
MS Access	Exceptional	Above Average	Average	Below Average	None
E-mail applications	Exceptional	Above Average	Average	Below Average	None

Clerical Applicants Typing Speed WPM Shorthand yes no 10 Key Sight Key

State any additional information you feel may be helpful to us in considering your application.

APPLICANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING.

Polygraph: "Under the law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit or 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."

Applicant Signature : _____ Date: _____

I hereby certify that the information I have given on my application is, to the best of my knowledge, information and belief, true and correct. Applications may be disqualified prior to 1 year for reasons including but not limited to, failure to appear for interview, poor references or misrepresentation or omission of facts on my application, whenever discovered may result in termination of employment.

I hereby authorize Worcester County, or its representatives, to inquire to each of my former employers, references and all other persons having information concerning me, to disclose my full employment record and any other information they may have concerning me including results of controlled substance test results. I hereby release and hold harmless from any and all liability, any third parties furnishing such information upon request by Worcester County.

I understand this application and any other County documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon notice, and may be terminated by the County at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to probationary period should I become employed by Worcester County

Applicant Signature : _____ Date: _____

COMMERCIAL DRIVER APPLICANTS ONLY

Must be accompanied by 3 year MVA driving record, current CDL license, and current Medical Examination Certificate

Applicant Name

Answer the questions in this section ONLY if applying for a position that requires a commercial driver's license. If additional space is required, please use additional sheets.

1. Date of Birth: (Required by U.S. Department of Transportation (section 391.21(b) (2)).

2. List all driver's licenses held in the past 3 years below:

State	License Number	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered yes to A, B or C above, give details including State, violations and penalties below.

3. Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Start Date	End Date	Approximate Total Miles

List all states operated in during the last 5 years

List special courses or training you have taken

List driving awards you have received

4. Accident record beginning with the most recent accident

Date	City/State	Nature of Accident (headon, rear-end)	Fatality or Injury	Conviction(s) & Penalty

Traffic Violation Convictions for the past 3 years (other than parking violations). Information may be verified through DMV.

5.

Date of Violation & Conviction	Fatality or Injury	Conviction(s) & Penalty

6. Provide information below for ALL positive drug or alcohol test results (Required by D.O.T.)

7. List all addresses other than address on front of application for past 10 years.

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____