

WASHINGTON COUNTY GOVERNMENT
DEPARTMENT OF HUMAN RESOURCES
100 W. WASHINGTON ST., Room 2300
HAGERSTOWN, MD 21740-4735
Telephone: (240) 313-2350 Fax: (240) 313-2351
Deaf and Hard of Hearing Call 7-1-1 for MD Relay
Web Site: www.washco-md.net
Job Line: (240)-313-2359

EMPLOYMENT



APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

INSTRUCTIONS: Applications are only accepted for posted positions. All applicants must provide a complete, separate and signed application for each position. A photocopy with an original signature is acceptable.

(PLEASE PRINT OR TYPE)

Date of Application: _____

POSITION APPLYING FOR: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip

CONTACT: _____
Home Phone Cell/Alternate Phone E-Mail Address

Do you feel that you can perform all the functions related to the job? _____ Yes _____ No
If not, specify: _____

Are you willing to take a physical examination? _____ Yes _____ No

Are you willing to undergo an alcohol and/or drug test? _____ Yes _____ No

Have you ever applied for employment with Washington Co.? _____ Yes _____ No _____
Date(s)

Have you ever been employed with Washington County? _____ Yes _____ No
If yes: Date(s): _____ Department(s): _____

* _____
Drivers License Number Class Endorsement(s) State Exp. Date

*Do you currently have any active motor vehicle "points" on your driving record? () Yes () No
If Yes, how many points? _____

*This information must be disclosed ONLY if it is essential to the type of position you are applying for.

Revised: 1/07

EDUCATION AND TRAINING

Do you have a high school diploma or GED? ()Yes ()No If not, what is the highest grade completed? _____

If you have a GED (High School Equivalency Diploma): Year Awarded _____ State Awarded _____

Name, City & State of Last High School Attended: _____

COLLEGES ATTENDED CITY & STATE	MAJOR FIELD	DEGREE AWARDED	DATES ATTENDED	
			FROM	TO

OTHER TRAINING (including business, trade, military, etc.)			TOTAL	
NAME OF SCHOOL	CITY, STATE	TYPE OF TRAINING	HRS.	WKS.

SPECIAL QUALIFICATIONS: (apprenticeships, skills, academic or professional awards, etc.)

OTHER QUALIFICATIONS: _____ Data Entry or Key Boarding skills _____ words per minute

_____ Power Tools or Motor Equipment (list tools and equipment below)

_____ Computer Skills (list specific hardware and/or software below)

_____ Other (list below)

GENERAL INFORMATION

INSTRUCTIONS: The information listed below must be completed by all applicants. Failure to complete this information truthfully may result in disqualification from consideration for County employment. Affirmative responses to these questions will not automatically exclude you from employment consideration. Applicants may attach additional sheets if necessary:

1. If you have had disciplinary actions taken against you by any previous employer, please describe the facts and circumstances.

2. Have you ever been discharged or asked to resign from any position for reasons other than disability?
 _____Yes _____ NO If yes, please explain.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

EMPLOYMENT HISTORY

Instructions: List below, **beginning with your most recent position**, all of your work experience, including military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Please do not submit a resume in lieu of completing this portion of the application.

Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Starting Salary:	Ending Salary:
Job Duties:		
Reason For Leaving:		

Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Starting Salary:	Ending Salary:
Job Duties:		
Reason For Leaving:		

Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Starting Salary:	Ending Salary:
Job Duties:		
Reason For Leaving:		

Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Starting Salary:	Ending Salary:
Job Duties:		
Reason For Leaving:		

All applicants must provide at least three (3) employment related references:

- | | NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|----|-------|---------|-----------|--------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |

