

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](http://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? \_\_\_\_\_

Are you legally authorized to work in the United States and willing to provide unexpired USCIS Form I-9 employment eligibility verification documentation upon request? Yes No

Do you have any relatives employed by Washington County Government? Yes No

### Military Service

Branch of Service: \_\_\_\_\_ Dates of Service From \_\_\_\_\_ To \_\_\_\_\_

\*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 <u>CITY &amp; STATE</u>	<u>MAJOR FIELD</u>	<u>DEGREE AWARDED</u>	<u>DATES ATTENDED</u>	
			<u>FROM</u>	<u>TO</u>

  

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

**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)

\_\_\_\_\_

\_\_\_\_\_

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## 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  | TELEPHONE | RELATIONSHIP |
|----|-------|-----------|--------------|
| 1. | _____ |           |              |
| 2. | _____ |           |              |
| 3. | _____ |           |              |

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I have read and understand the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**PRE-EMPLOYMENT STATEMENT  
READ CAREFULLY BEFORE SIGNING**

I certify that, if employed, I will produce documents to establish that I am legally able to work in the United States. I understand that a final employment offer is contingent upon completion of INS Form I-9 and receipt of acceptable documentation at the time of hire.

In the event that I am provided a conditional offer of employment, I consent to taking an employment physical examination to include an alcohol and drug screen and such future physical examinations as may be lawfully required by the County.

I authorize the County to contact my previous employers, if necessary, and obtain employment information from them, and to further investigate the truthfulness of my application, including review of my motor vehicle record and such future periodic review as may be lawfully required by the County.

I certify that answers given herein are true to the best of my knowledge.

I understand further that any false answers or statements or misleading omissions made by me on this application, in any interview for employment, in connection with the above mentioned investigation, or in any physical examination shall be sufficient grounds for my rejection as a candidate for employment or for immediate discharge, if discovered after my hiring.

**I AGREE THAT EMPLOYMENT WITH WASHINGTON COUNTY IS AN "AT-WILL" EMPLOYMENT RELATIONSHIP. AT-WILL EMPLOYMENT MEANS THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE. I ALSO AGREE THAT NO REPRESENTATION BY ANY COUNTY OFFICIAL OR SUPERVISOR AND THAT NO PROVISION OF THE EMPLOYEE HANDBOOK, ANY PERSONNEL REGULATION OR ANY OTHER EMPLOYMENT-RELATED PRACTICE OR PROCEDURE, ORAL OR WRITTEN, SHALL BE EFFECTIVE TO CHANGE THE "AT-WILL" NATURE OF EMPLOYMENT WITH WASHINGTON COUNTY.**

**"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE-DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# APPLICANT DATA RECORD

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

As an employer, we comply with all government regulations and any applicable affirmative action responsibilities.

Solely to help us comply with any applicable government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey below. We appreciate your cooperation.

This Affirmative Action Survey data, which you provide voluntarily, will be kept separate and confidential from this Application for Employment.

## AFFIRMATIVE ACTION

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

(PLEASE PRINT)

Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_  
Mo/Day/Year

GENDER: ( ) Male ( ) Female

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? ( ) Yes ( ) No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- ( ) **American Indian or Alaskan Native** (A person having origins in any of the original people of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- ( ) **Asian** (A person having origin in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ( ) **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ( ) **Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ( ) **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

### Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign: ( ) Handicapped Individual ( ) Disabled Veteran ( ) Vietnam Era Veteran

Signed: \_\_\_\_\_



# Washington County

M A R Y L A N D

DIVISION OF  
HEALTH & HUMAN SERVICES  
DEPARTMENT OF HUMAN RESOURCES

I, \_\_\_\_\_, hereby provide consent to Washington County Board of Commissioners to conduct a full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the full query conducted by Washington County Board of Commissioners indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Washington County Board of Commissioners without first obtaining additional specific consent from me.

I understand that Washington County Board of Commissioners will conduct annual limited queries as required by FMCSA.

I further understand that if I refuse to provide consent for Washington County Board of Commissioners to conduct a limited query of the Clearinghouse, Washington County Board of Commissioners must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Once the email is created, please also attach your cover letter and resume before sending.**

100 West Washington Street, Room 23001 Hagerstown, MD 21740-4735 IP: 240.313.2350 IF: 240.313.2351 ITDD: 711