

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: _____

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 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?	Job Titles of Those You Supervise:
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dates of Employment:	Start: <u>Month/Day/Year</u> :	End: Month/Day/Year):	
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?	Job Titles of Those You Supervised:
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dates of Employment	Start: <u>Month/Day/Year</u>	End: Month/Day/Year)	
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?	Job Titles of Those You Supervised:
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dates of Employment	Start: <u>Month/Day/Year</u>	End: Month/Day/Year)	
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?	Job Titles of Those You Supervised:
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dates of Employment	Start: <u>Month/Day/Year</u>	End: Month/Day/Year)	
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

**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



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