

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. | _____ | | | |

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