

DORCHESTER COUNTY GOVERNMENT EMPLOYMENT APPLICATION

Mail completed application to (unless otherwise stated on job announcement) to:

Human Resources, 501 Court Lane, Room 103, Cambridge, MD 21613

This application is part of the hiring process and applicants must complete ALL sections in order to be considered a qualified applicant, even if resume is attached. We are an Equal Opportunity Employer

APPLYING FOR:

JOB TITLE: _____ DEPARTMENT: _____

CONTACT INFORMATION

NAME: _____

LAST

FIRST

MI

MAIDEN

ARE YOU OVER THE AGE OF 18? _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

PRIMARY CONTACT NUMBER: _____ SECONDARY CONTACT NUMBER: _____

EMAIL ADDRESS: _____

EDUCATION AND TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? _____ HIGHEST GRADE COMPLETED: _____

HIGH SCHOOL ATTENDED: _____ ADDRESS: _____

DATES ATTENDED: FROM: _____ TO: _____

COLLEGE AND GRADUATE SCHOOL EDUCATION

NAME/LOCATION OF SCHOOL(S)	DATES ATTENDED	MAJOR	TYPE OF DEGREE	EARNED (Y/N)
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SPECIALIZED TRAINING/CERTIFICATIONS RELATED TO THE JOB

TITLE OF PROGRAM/CERTIFICATION	COMPANY/SCHOOL	DATES ATTENDED	CERTIFICATE/DIPLOMA
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PLEASE SUBMIT A COPY OF A RELEVANT PROFESSIONAL OR TRADE LICENSES OR CERTIFICATE WITH THIS APPLICATION. FOR POSITIONS REQUIRING A DRIVER'S, PLEASE ATTACH A COPY OF LICENSE.

IF UNDER THE AGE OF 18, CAN YOU PROVIDE PROOF OF ELIGIBILITY? _____

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WORKEXPERIENCE

LIST BELOW, BEGINNING WITH YOUR MOST RECENT POSITION, ALL OF YOUR WORK EXPERIENCE, INCLUDING MILITARY SERVICE AND ALL VOLUNTEER ACTIVITIES. IF YOUR TITLE AND DUTIES CHANGED IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGES CLEARLY AND AS SEPARATE EMPLOYMENT. THIS NEEDS TO BE COMPLETED A RESUME WILL NOT TAKE PLACE OF THIS PORTION OF THE APPLICATION. BE SURE THAT THE INFORMATION INCLUDED IN THIS SECTION DEMONSTRATES THAT YOU MEET THE MINIMUM EXPERIENCE QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING FOR.

JOB NUMBER 1

NAME OF EMPLOYER: _____ EMPLOYERS ADDRESS: _____

DATE OF EMPLOYMENT (FROM-TO): _____

SUPERVISORS NAME AND CONTACT NUMBER: _____

YOUR JOB TITLE: _____ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N _____

FULL TIME/ PART TIME: _____ IF YES HOW MANY? _____ THEIR JOB TITLE(S) _____

HOW MANY HOURS DO/DID YOU WORK PER WEEK? _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB NUMBER 2

NAME OF EMPLOYER: _____ EMPLOYERS ADDRESS: _____

DATE OF EMPLOYMENT (FROM-TO): _____

SUPERVISORS NAME AND CONTACT NUMBER: _____

YOUR JOB TITLE: _____ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N _____

FULL TIME/ PART TIME: _____ IF YES HOW MANY? _____ THEIR JOB TITLE(S) _____

HOW MANY HOURS DO/DID YOU WORK PER WEEK? _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB NUMBER 3

NAME OF EMPLOYER: _____ EMPLOYERS ADDRESS: _____

DATE OF EMPLOYMENT (FROM-TO): _____

SUPERVISORS NAME AND CONTACT NUMBER: _____

YOUR JOB TITLE: _____ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N _____

FULL TIME/ PART TIME: _____ IF YES HOW MANY? _____ THEIR JOB TITLE(S) _____

HOW MANY HOURS DO/DID YOU WORK PER WEEK? _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

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JOB NUMBER 4

NAME OF EMPLOYER: _____ EMPLOYERS ADDRESS: _____

DATE OF EMPLOYMENT (FROM-TO): _____

SUPERVISORS NAME AND CONTACT NUMBER: _____

YOUR JOB TITLE: _____ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N _____

FULL TIME/ PART TIME: _____ IF YES HOW MANY? _____ THEIR JOB TITLE(S) _____

HOW MANY HOURS DO/DID YOU WORK PER WEEK? _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB NUMBER 5

NAME OF EMPLOYER: _____ EMPLOYERS ADDRESS: _____

DATE OF EMPLOYMENT (FROM-TO): _____

SUPERVISORS NAME AND CONTACT NUMBER: _____

YOUR JOB TITLE: _____

_____ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N _____

FULL TIME/ PART TIME: _____ IF YES HOW MANY? _____ THEIR JOB TITLE(S) _____

HOW MANY HOURS DO/DID YOU WORK PER WEEK? _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB NUMBER 6

NAME OF EMPLOYER: _____ EMPLOYERS ADDRESS: _____

DATE OF EMPLOYMENT (FROM-TO): _____

SUPERVISORS NAME AND CONTACT NUMBER: _____

YOUR JOB TITLE: _____ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N _____

FULL TIME/ PART TIME: _____ IF YES HOW MANY? _____ THEIR JOB TITLE(S) _____

HOW MANY HOURS DO/DID YOU WORK PER WEEK? _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

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ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE:

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PLEASE DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES THAT MAY BE RELEVANT FOR THE POSITION IN WHICH YOU ARE APPLYING FOR: _____

PLEASE DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY THAT MAY BE RELEVANT TO THE POSTION FOR WHICH YOU ARE APPLYING FOR: _____

REFERENCES (PLEASE DO NOT INCLUDE FAMILY MEMBERS)

NAME: _____ CONTACT NUMBER: _____

ADDRESS: _____
STREET CITY STATE ZIP

NAME: _____ CONTACT NUMBER: _____

ADDRESS: _____
STREET CITY STATE ZIP

NAME: _____ CONTACT NUMBER: _____

ADDRESS: _____
STREET CITY STATE ZIP

NAME: _____ CONTACT NUMBER: _____

ADDRESS: _____
STREET CITY STATE ZIP

DORCHESTER COUNTY GOVERNMENT EMPLOYMENT APPLICATION

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? _____ YES _____ NO PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT

HAVE YOU EVER FILED AN APPLICATION WITH DORCHESTER COUNTY BEFORE? _____ YES _____ NO
IF YES, WHEN AND IN WHAT POSTION? _____

DO YOU CURRENTLY HAVE ANY RELATIVES EMPLOYED BY DORCHESTER COUNTY? _____ YES _____ NO
IF YES, PLEASE PROVIDE NAMES: _____

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO
NOTE: YOUR FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE WITHOUT YOUR CONSENT.

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK: _____ FULL TIME _____ PART TIME _____ SHIFT WORK TEMPORARY CAN YOU TRAVEL IF

THE JOB REQUIRES IT? _____ YES _____ NO

ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH? _____ YES _____ NO
IF YES, WHAT LANGUAGE(S)? _____

*****PLEASE PROCEED TO PAGE 6*****

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YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR HIRE. VERIFICATION WILL BE COMPLETED. YOU MAY BE TESTED FOR ILLEGAL DRUG USE. YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB RELATED FUNCTIONS.

BY SIGNING THIS APPLICATION YOU ARE AUTHORIZING DORCHESTER COUNTY GOVERNMENT TO INVESTIGATE YOUR BACKGROUND AND QUALIFICATIONS FOR PURPOSES OF EVALUATION WHETHER YOU ARE QUALIFIED FOR THE POSITION FOR WHICH YOU ARE APPLYING. YOU SHOULD UNDERSTAND THAT DORCHESTER COUNTY GOVERNMENT MAY UTILIZE AN OUTSIDE LAW ENFORCEMENT AGENCY, FIRM, OR FIRMS TO ASSIST IN CHECKING SUCH INFORMATION, AND YOU SPECIFICALLY AUTHORIZE SUCH AN INVESTIGATION. YOU ALSO UNDERSTAND THAT YOU MAY WITHHOLD YOUR PERMISSION AND THAT IN SUCH A CASE, NO INVESTIGATION WILL BE DONE, AND YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE PROCESSED FURTHER. ANY PERMISSION WITH HELD MUST BE PROVIDED TO HUMAN REASOURCES IN WRITING TO INCLUDE YOUR SIGNATURE AND DATE OF REQUEST. I HEREBY AFFIRM THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATIONS OR FALSIFICATIONS MY APPLICATION WILL BE DISAPPROVED AND MAY RESULT IN TERMINATION IF EMPLOYED.

SIGNATURE OF APPLICANT

DATE