



Worcester County Government
 APPLICATION FOR EMPLOYMENT
 Human Resources Department
 1 West Market Street Room 1301
 Snow Hill, MD 21863
 Phone: 410-632-0090
 Fax: 410-632-5614

Date

Minimum Salary Required

APPLICATION ACTIVE FOR ONE YEAR

Worcester County is an Equal Opportunity Employer. All applicants for employment are considered on the basis of job qualifications without regard to race, gender, sexual orientation, age, national origin, religion, marital status, genetic information or disability. Applicants who falsify or omit information on their application or during an interview will be disqualified from County employment. Applicants who apply for safety-sensitive positions are subject to pre-employment drug/alcohol testing and random drug/alcohol testing after employment. Incomplete applications may not be considered.

PERSONAL DATA

Last Name First Name Middle Name

Address

City State Zip Code

Home Phone Number Cell Phone Number Hours Required

Jobs Applied For: (max 5)

1. Are you related to anyone employed by Worcester County? If yes, who?

2. List any Worcester County employees you know personally:

3. Are you legally eligible to work in the United States? (Proof of Eligibility is required upon employment)

4. Are you at least 18 years of age? (If no, permit is required upon employment)

5. Have you ever been convicted of a felony?

6. Are you known by prior employers by another name? If yes, what name(s)?

7. Have you ever been employed by Worcester County? 7(a) If yes, provide dates of employment:

7(b) Department: 7(c) Reason for leaving:

8. Do you have a valid driver's license? If you have a CDL, please complete the additional form on page 4

EDUCATION

Highest level of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Graduate School 1 2 3 4 Degree Acquired: Name & location of last school attended:

Applicant Name

JOB HISTORY

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Employer Job Title

Address Phone Number

Dates of Employment: From-To Name of Supervisor

Final Rate of Pay Reason for Leaving

Duties

Applicant Name

SKILLS

Please summarize any skills, qualifications, awards or training not listed anywhere else on this application.

Reading Comprehension & Writing Skill Level:

	Exceptional	Above Average	Average	Below Average	None
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Rate your level of ability with the following personal computer applications:

MS Word	Exceptional	Above Average	Average	Below Average	None
MS Excel	Exceptional	Above Average	Average	Below Average	None
MS Access	Exceptional	Above Average	Average	Below Average	None
E-mail applications	Exceptional	Above Average	Average	Below Average	None

Clerical Applicants

Typing Speed WPM

Shorthand

10 Key

State any additional information you feel may be helpful to us in considering your application.

APPLICANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING.

Polygraph: "Under the law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor, and subject to a fine not to exceed \$100."

Applicant Signature : _____

Date: _____

I hereby certify that the information I have given on my application is, to the best of my knowledge, information and belief, true and correct. Applications may be disqualified prior to 1 year for reasons including but not limited to, failure to appear for interview, poor references or misrepresentation or omission of facts on my application, whenever discovered may result in termination of employment.

I hereby authorize Worcester County, or its representatives, to inquire to each of my former employers, references and all other persons having information concerning me, to disclose my full employment record and any other information they may have concerning me including results of controlled substance test results. I hereby release and hold harmless from any and all liability, any third parties furnishing such information upon request by Worcester County.

I understand this application and any other County documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon notice, and may be terminated by the County at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to probationary period should I become employed by Worcester County

Applicant Signature : _____

Date: _____

COMMERCIAL DRIVER APPLICANTS ONLY

Must be accompanied by 3 year MVA driving record, current CDL license, and current Medical Examination Certificate

Applicant Name

Answer the questions in this section ONLY if applying for a position that requires a commercial driver's license. If additional space is required, please use additional sheets.

1. Date of Birth: (Required by U.S. Department of Transportation (section 391.21(b) (2)).

2. List all driver's licenses held in the past 3 years below:

State	License Number	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered yes to A, B or C above, give details including State, violations and penalties on the back of this form.

3. Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Start Date	End Date	Approximate Total Miles

List all states operated in during the last 5 years

List special courses or training you have taken

List driving awards you have received

4. Accident record beginning with the most recent accident

Date	City/State	Nature of Accident (head on, rear-end)		Conviction(s) & Penalty

Traffic Violation Convictions for the past 3 years (other than parking violations). Information may be verified through DMV.

5.

Date of Violation & Conviction	Fatality or Injury	Conviction(s) & Penalty

6. Provide information below for ALL positive drug or alcohol test results (Required by D.O.T.)

7. List all addresses other than address on front of application for past 10 years. Please use additional sheets if required.

Address

Address

City State Zip

City State Zip