

Garrett County Government

203 South Fourth Street, Room 206, Oakland, MD 21550
301-334-8975

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related physical or mental handicap.

Date of Application _____

Position(s) Applied For _____

Name _____ Social Security _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ E-Mail _____

Date of Last Physical Exam _____

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 filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

For which department? _____

Are you a veteran? Yes No Branch of Service _____ From _____ To _____

Are you a member of the reserves or the National Guard? Yes No

Branch of Service _____ From _____ To _____ Rank _____

Employment Related Information

Instructions: The below listed employment related information must be completed by all applicants. Failure to complete this information truthfully may result in disqualification from consideration for County Employment. Applicants may attach additional sheets if necessary.

1. How many times did you miss work last year? What were the reasons?
2. If you have had disciplinary actions taken against you by any previous employer, please describe the facts and circumstances.
3. Have you ever been discharged (fired from a job)? If yes, please explain in detail.

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.

I further certify that I am physically capable of performing all the duties associated with the job for which I am applying. I understand that a final employment offer is contingent upon the successful completion of a physical examination which includes a drug screen.

Signature of Applicant
If submitting digitally, I understand that checking this box constitutes a legal signature
confirming that I acknowledge and agree to the above

Date

Education

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed (Please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree/Describe Course of Study Specialized training and extra curricular activities		_____	_____	_____

If you did not graduate from high school, have you passed an examination and received a high school equivalency certificate from Maryland or any other state? Yes No

Name of state granting certificate of equivalency _____ Date of Issuance _____

Driver's License Number _____ Class _____ State of Issue _____ Date of Expiration _____

Do you currently have any active motor vehicle "points" on your driving record? Yes No
If Yes, how many? _____

May we contact your current employer? Yes No

Give a brief statement of why you would like to work for Garrett County Government.

Signature of Applicant

Date

Employment Experience

If submitting digitally, I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	
Reason for Leaving		Final	
Employer	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	
Reason for Leaving		Final	
Employer	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	
Reason for Leaving		Final	
Employer	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	
Reason for Leaving		Final	

All applicants must provide at least five (5) employment related references:

Name	Address	Telephone	Relationship

Pre-Employment Statement

READ CAREFULLY BEFORE SIGNING

This application is valid for only one (1) calendar year. If you have not been employed within 12 months of your application date, you must reapply.

I consent to taking an employment physical examination to include an alcohol and drug screen and such future physical examinations as may be required by the County.

I authorize Garrett County Government to contact my previous employers, if necessary, and obtain employment information from them, and to further investigate the truthfulness of my application.

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

_____ Signature of Applicant If submitting digitally, I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above	_____ Date
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In conformity with applicable laws, Garrett County Government is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or physical or mental handicap.

Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit 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 guilty of a misdemeanor and subject to a fine not to exceed \$100.

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the County.

_____ Signature of Applicant If submitting digitally, I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above	_____ Date
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