

Cecil County Government

Return by: _____

NOTICE TO APPLICANTS

Screening tests for illegal drug use may be required as a condition of employment.



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

Regular Full-Time _____ Seasonal _____ Part-Time _____

How did you learn of employment opportunities with the County? _____

County Policy prohibits employment of an immediate family member into a position supervised by a relative.

Do any members of your family work for Cecil County Government? Yes _____ No _____

If yes, please indicate name and position: _____

PERSONAL DATA

NAME _____
(Last) (First) (Middle)

List any other name under which your educational or work records may appear: _____

Home Phone No. _____ Cell Phone No. _____ Social Security # (last 4 ONLY) _____

Address _____
(Street) (City) (State) (Zip Code)

Are you legally eligible for employment in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment) Yes [] No [] If no, please explain: _____

When is the best time to reach you during the day? _____ Phone No. _____

Have you, since age 18, been convicted of a misdemeanor or felony other than minor traffic violations? (Each conviction will be judged in relation to time, seriousness and circumstances and will not necessarily bar you from employment.)

Yes [] No [] If yes, describe in full: _____

As An Equal Opportunity Employer, Cecil County does not discriminate in hiring or other terms and conditions of employment because of an individual's race, creed, color, religion, sex, age, national origin, marital status, disability, veteran status, or any other reason prohibited by federal, state, or local law.

Americans with Disabilities Act: No qualified individual with a disability shall on the basis of the disability, be subjected to discrimination in employment under any service, program, or activity conducted by Cecil County. It is also essential that the County will not compromise safety in any of their hiring practices. Cecil County will make all reasonable accommodations with regard to employment of individuals with disabilities. The County will not discriminate in any way toward any employee with regard to employment related activities (i.e.; hiring, firing, tenure, layoffs, leave, etc.). No employee will be discriminated against for their association or relationship to any disabled person.

EDUCATIONAL DATA

Did you successfully complete?	Circle Highest Grade Successfully COMPLETED	Name and Address of Last Elementary and High School Attended and Course of Study
Elementary yes <input type="checkbox"/> no <input type="checkbox"/>	1 2 3 4	_____
Junior High yes <input type="checkbox"/> no <input type="checkbox"/>		_____
Senior High yes <input type="checkbox"/> no <input type="checkbox"/>	5 6 7 8	
Date Graduated <input type="text"/>	9 10 11 12	If you did not graduate from high school, have you received a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, give # _____

COLLEGE OR UNIVERSITY

Name and Address of College, University or Professional School and Course of Study	Degree Received and Major	Number Semester Hours	Years Completed	Completion Date

OTHER TRAINING

Name and Address of School	Subjects Studied	Years Completed	Did you finish the course?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you currently serve in the Military or are you a Veteran? Yes _____ No _____

Typing/Keyboarding: _____ w.p.m. Shorthand: _____ w.p.m.
(if applicable to position for which you are applying)

List any licenses and/or certificates that you possess which relate to the position for which you are applying. If you are applying for a position which requires driving a County vehicle, please note the Driver's License Number and Class in which you possess a valid license. (Applicant having 6+ points on driving record cannot drive a County vehicle):

LIST MACHINES and/or EQUIPMENT YOU CAN OPERATE (if applicable to job for which you are applying)

ADDITIONAL INFORMATION _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? (Cecil County adheres to the principles of the Americans with Disabilities Act).

Yes _____ No _____

If no, please list the accommodation(s) you feel would be necessary to allow you to perform these functions:

EMPLOYMENT RECORD DATA

Give employment record as completely as possible starting with your present or last employer. (include Military Service)
Attach additional sheets if necessary.

1. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving(wanting to leave)	Salary Start	Present/End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

2. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

3. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

4. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

5. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

PERSONAL REFERENCES

<u>Name</u>	<u>Address</u>	<u>Relation to Applicant</u>	<u>Occupation</u>	<u>Telephone No.</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Have you worked for the County before? Yes _____ No _____
 If yes, Dates: _____ Department worked for: _____

How soon can you report to work? _____

If employed, are you willing to accept the approved salary for the job? _____

Do you have a valid driver's license? Yes _____ No _____ Number & Type _____

I authorize Cecil County Government to investigate any and all statements made in this Employment Application. If in the judgment of the County, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn; and, if I am already employed, my employment may be terminated immediately.

I voluntarily consent to allow Cecil County or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character, and personality, including information of a confidential or privileged nature.

Date _____ Applicant Signature _____

I understand that if I am selected for an appointment to a position in County Government I will be required to have a physical examination, including drug screen, on the basis of which I may or may not be accepted for employment.

Date _____ Applicant Signature _____

MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM. IF YOU HAVE NOT FILLED IT OUT COMPLETELY, IT MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

POLYGRAPH DISCLAIMER: IT IS THE INTENTION OF CECIL COUNTY TO INFORM ALL APPLICANTS OF THE FOLLOWING:
 "UNDER MARYLAND 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 IS SUBJECT TO A FINE NOT TO EXCEED \$100.00." THIS DISCLAIMER DOES NOT PERTAIN TO ANY INDIVIDUAL WHO APPLIES FOR A POSITION IN THE CECIL COUNTY SHERIFF'S OFFICE.

Date _____ Applicant Signature _____

EMPLOYMENT APPLICATION POLICY

This employment application will be considered for the specific position opening only. All employment applications will be kept for a one-year period. Employment applications will be examined monthly and all "expired" forms will be removed and destroyed. If an applicant updates his or her application, the one-year clock will be restarted.

RETURN TO: HUMAN RESOURCES DEPARTMENT
200 CHESAPEAKE BOULEVARD, SUITE 2800
ELKTON, MD 21921

Cecil County Government

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Cecil County Government, whether said records are of public, private or confidential nature, and regardless if the information may be derogatory in nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, (including credit reports and/or ratings); employment and pre-employment records including background check, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records; financial statements and records including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, to include the records of recollections of attorneys at law or of other counsel, whether representing me or another person in any other case in which I presently have, or have had an interest. It is my specific intent, therefore, to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein for the purpose of determining suitability for employment with Cecil County Government.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by Cecil County Government.

I agree to indemnify and hold harmless the person to whom the request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me. A photocopy of the release form will be as valid as an original hereof; even though said photocopy does not contain an original writing of my signature.

Signature: _____

Date: _____

Date of Birth: _____

SSN: _____

Address: _____

(NOTARY SEAL)

Notary: _____

(Signature)

(Printed name)

Notary Commission Expires: _____