

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you legally eligible for employment in the United State of America?
(If hired by Caroline County, you will required to furnish proof of your eligibility for employment in the United States of America.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you over the age of eighteen (18) years?
(If your answer is "no", your employment is conditioned upon verification that you are of a minimum legal age to be employed in the position for which you have applied.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been asked to resign or resigned from a position in lieu of being fired?
If you answer "yes", please give the employer, the position you held, the reason for the employer's action and the date you left employment _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Accommodation not required <input type="checkbox"/> Accommodation required - please explain below

_____ | | |
| 5. If selected for employment, on what date are you available to begin work? _____ | | |

Motor Vehicle License Information - You need only answer this question if the minimum qualifications for the position you are applying for include possession of a motor vehicle operator's license.

Do you have a valid motor vehicle operator's license issued by the state of Maryland or the ability to acquire one within thirty (30) days after employment? <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide the following information.	
License (Soundex) Number	
Issuing State	Expiration Date

Professional Certification - You need only answer this question if the minimum qualifications for the position you are applying for include possession of specific professional certification (PE, Law Enforcement Certification, etc.)

Do you have the required certification or the ability to acquire it within the required period? <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide the following information.	
Certification Type	Certification Number
Issuing State	Expiration Date

Educational Information

School	Name and Address of School	Course of Study	Years Completed	Did you Graduate	Give Degree or Degrees
High			1 2 3 4	<input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes	
			1 2 3 4	<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes	
			1 2 3 4	<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes	
			1 2 3 4	<input type="checkbox"/> No	

Criminal History -

Have you ever been convicted of a crime or a traffic offense involving the use of alcohol or a controlled substance? (Do not answer "Yes" if conviction was pardoned, expunged or resulted in a Probation before Judgement. A conviction will not necessarily bar employment) <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide the following information.	
Offense	Date of Conviction
Identity and Location of Court	

Business References - Give the names of three (3) persons who are not related to you and who can attest to your work history, reliability and abilities.

Name	Street Address
City, State, Zip	Telephone Number
Name	Street Address
City, State, Zip	Telephone Number
Name	Street Address
City, State, Zip	Telephone Number

Employment History - Beginning with the present or latest employer, all applicants must provide the following information for all employers during the (7) years before the date of the application. (If more space is required to include all employers during the past (7) years, applicants may make a copy of page 3 before completing it and attach the additional page(s) to the application.

Current or Latest Employer:

Employer	Position Title	
Street Address	City	
State	Zip	Telephone Number
Name of Immediate Supervisor	Employed From	Employed To
Are you presently employed by this employer? <input type="checkbox"/> Yes - When may we contact your current employer for a reference check? <input type="checkbox"/> No - Give your reason for leaving.		
List the top three essential functions of your job with this employer: 1. 2. 3.		
What was your starting salary? \$	What was your current (or was your last) Salary?	
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes - What was your last evaluation, when did you receive it?		

Second Most Current Employer:

Employer		Position Title	
Street Address		City	
State	Zip	Telephone Number	
Name of Immediate Supervisor	Employed From	Employed To	
Are you presently employed by this employer? <input type="checkbox"/> Yes - When may we contact your current employer for a reference check? <input type="checkbox"/> No - Give your reason for leaving.			
List the top three essential functions of your job with this employer: 1. 2. 3.			
What was your starting salary? \$		What was your current (or was your last) Salary?	
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes - What was your last evaluation, when did you receive it?			

Third Most Current Employer:

Employer		Position Title	
Street Address		City	
State	Zip	Telephone Number	
Name of Immediate Supervisor	Employed From	Employed To	
Are you presently employed by this employer? <input type="checkbox"/> Yes - When may we contact your current employer for a reference check? <input type="checkbox"/> No - Give your reason for leaving.			
List the top three essential functions of your job with this employer: 1. 2. 3.			
What was your starting salary? \$		What was your current (or was your last) Salary?	
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes - What was your last evaluation, when did you receive it?			

Fourth Most Current Employer:

Employer		Position Title	
Street Address		City	
State	Zip	Telephone Number	
Name of Immediate Supervisor	Employed From	Employed To	
Are you presently employed by this employer? <input type="checkbox"/> Yes - When may we contact your current employer for a reference check? <input type="checkbox"/> No - Give your reason for leaving.			
List the top three essential functions of your job with this employer: 1. _____ 2. _____ 3. _____			
What was your starting salary? \$		What was your current (or was your last) Salary?	
Did this employer use a performance evaluation system? <input type="checkbox"/> No <input type="checkbox"/> Yes - What was your last evaluation, when did you receive it?			

NOTE: If you require additional space to provide information regarding your employment experience, please attach additional sheets on which you have given the same information as is required above.

Employment Recognition and Awards

Have you ever received an award for outstanding job performance or a specific job related act No Yes - Explain, giving the date, basis for the award, and attach a copy or copies of documents evidencing such awards to your application.

Knowledge, Skills and Abilities

Please list and describe the knowledge, skills and abilities which you possess and which you believe will assist you in performing the tasks and functions for which you have applied.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

APPLICANT CERTIFICATION AND AUTHORIZATION

1. I certify and affirm that I have carefully reviewed all of the information I have supplied in this APPLICATION, and that it is true and correct.
2. I authorize Caroline County to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any previous employers and references I have listed on this application. I authorize all previous employers to furnish Caroline County information they may have regarding my employment and reasons I left employment. In consideration of Caroline County's willingness to consider me for employment and to evaluate my credentials against other applicants, and the willingness of my previous employers to supply information which is necessary to that process, I release, discharge and hold harmless Caroline County and all previous employers from any liability at so ever in connection with the furnishing or obtaining of employment information, or arising out of the processing of this APPLICATION and consideration of my candidacy for the position I have applied for.
3. I specifically acknowledge that:
 - a. If, during the selection process, any information I have supplied on this APPLICATION is found to be incorrect or incomplete, I may be subject to disqualification from further consideration as a applicant for employment for furnishing false information.
 - b. If, after I have been employed by Caroline County, any information I have supplied is found to be incorrect or incomplete, I may be terminated from employment for furnishing false information.
 - c. Unless I am a applicant for employment as a Deputy Sheriff, I have not been required to submit to a polygraph examination in connection with my application for a position of employment with Caroline County.
 - d. If I am selected for employment in a safety-sensitive position or in Public Works, I will be required to pass a urinalysis test for designated controlled dangerous substances. After I am employed, I understand that I will be required to participate in random urinalysis testing.
4. I have been advised that should I be employed by Caroline County, I shall be an Employee at Will with the terms and conditions of my employment established by rules and regulations adopted by the Caroline County Commissioners.
5. I fully understood the provisions of this Applicant Certification and Authorization when I read them, or they were fully explained to me by the Office of Human Resources.

_____ 20 _____

Date

_____ Applicant's Signature