

# Carroll County Government

## Department of Human Resources

225 North Center Street, Suite 100

Westminster, MD 21157 (410) 386-2129 Phone

(410) 386-2020 Job Hotline

[www.carrollcountymd.gov](http://www.carrollcountymd.gov)



The County Commissioners of Carroll County recognize the rights of all people, including County employees, to equal opportunity. Discrimination against County employees on the basis of race, color, religion, age, gender, national origin, sexual orientation, marital status, physical or mental disability is strictly prohibited. The Americans with Disabilities Act, Titles I and II, applies to County government employment. If you have questions, suggestions, or complaints, please contact Kimberly L. Frock, Director of Carroll County Government Americans with Disabilities Coordinator for Employment, at the Department of Human Resources (410-386-2129) or MD Relay service 7-1-1/800-735-2258. The mailing address is 225 North Center Street, Westminster, Maryland 21157.

**Carroll County is an Equal Opportunity Employer**

## EMPLOYMENT APPLICATION

Please complete all questions on this form. Failure to fill it out completely may result in rejection of this application.

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_ Position Applying for \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street

City

State

Zip

Home/Cell Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Vehicle Operators License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

Is this a CDL license?  Yes  No

Has your license ever been suspended or revoked in any State?  Yes  No

If yes, indicate which state, date and reason \_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic violations? (Do not report any conviction for which the records have been officially expunged. Conviction of a crime will not necessarily bar employment.)  Yes  No

If yes, please explain and include year of conviction \_\_\_\_\_

Have you previously worked for Carroll County Commissioners?  Yes  No If yes, when \_\_\_\_\_

Do you have any relatives including in-laws, members of your immediate family, and members of your extended family currently working for the County Commissioners?  Yes  No

If yes, \_\_\_\_\_

Name

Department/Bureau/Agency

Relationship

How soon can you report to work? \_\_\_\_\_ Acceptable salary range \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

	Name and location of last school attended	Degree or Certificate Received? If yes, give title. If no, number of semester hours or credits completed	Subjects studied/Major
High School <i>If you did not graduate from high school, have you received a GED?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University			
Trade, Business or Correspondence School			
<b>Professional Registration</b>			
State:	Date:	Number:	

Give employment record as completely as possible starting with your present or last position not to exceed past 15 years. Attach additional sheets if necessary. **Note: This application must be fully completed whether or not a resume is submitted.**

1. Employer/Firm:		Address:	
		Phone:	Date Start:
Type of Business:	Reason for leaving:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Title of Position and Duties:			
Immediate Supervisor:		Title:	
2. Employer/Firm:		Address:	
		Phone:	Date Start:
Type of Business:	Reason for leaving:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Title of Position and Duties:			
Immediate Supervisor:		Title:	
3. Employer/Firm:		Address:	
		Phone:	Date Start:
Type of Business:	Reason for leaving:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Title of Position and Duties:			
Immediate Supervisor:		Title:	

Special equipment operated \_\_\_\_\_

May we contact your present employer?  Yes  No

**Business or Professional References Only** – (Please do not list relatives)

Name	Address	Telephone #	Occupation	Years Known
1.				
2.				
3.				

**“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.”**

I have read and acknowledge the above statement regarding Maryland State Code and lie detector tests.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize Carroll County to investigate any and all statements made in this application. I also authorize my current or previous employers to verify the statements made in this application and to provide other employment data relating to my job performance, as requested. I authorize Carroll County to contact my references.

Falsification or misrepresentation of the information submitted on this application could result in the disqualification of the applicant from further consideration for employment, or if the applicant has been hired, could result in his/her discharge from employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY

### EEO-1 Voluntary Self Identification Form

The information requested below is needed to meet the requirements of certain federal regulatory agencies. It will be seen and tabulated by the Department of Human Resources. This section is separated from your application when received by the Department of Human Resources. This information is confidential and will **not** be used in any employment decision or in determining a test score. It will not be maintained in your personnel file if you become an employee.

**Please complete all items and return this form with your application.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_  
(Give Exact Title)

Sex:  Male  Female

Date of Birth: \_\_\_\_\_  
Month Day Year

Race/Ethnic Identification:

- White
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or more races
- Do not wish to disclose

How did you learn about this job opportunity?

- Newspaper (Give Name of Newspaper): \_\_\_\_\_
- College Placement Office
- County Bulletin Board
- Carroll County Employee
- Job Hotline
- Internet
- BERC/Agency Referral
- Job Fair
- Other Publications \_\_\_\_\_

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