

APPLICATION FOR EMPLOYMENT WITH SOMERSET COUNTY, MARYLAND

Completely fill out the application and sign the back of the application before it is returned to our office. Also, included with the application for employment are a Job Description, Authorization for Release of Information form and the Pre-Employment Drug/Alcohol Testing consent and release form.

The Authorization for Release of Information Form and the Pre-Employment Drug/Alcohol Testing Consent and Release Form must also be signed and returned with the signed job application. In addition, a copy of a Driver's License for those positions with that requirement listed in the job description must be submitted.

Should you have any questions regarding this application, please do not hesitate to contact our office.

Thank you for your interest in employment with Somerset County.

APPLICATION FOR EMPLOYMENT

SOMERSET COUNTY COMMISSIONERS OFFICE
APPLICATION FOR EMPLOYMENT
Received By: _____
Signature: _____
Date: _____

NAME: _____
POSITION: _____
DATE: ____/____/____

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____ : _____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before?..... Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

IN ACCORDANCE WITH MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE 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.

NOTICE TO APPLICANTS AND EMPLOYEES
Screening tests for illegal drug use may be required before hiring and during your employment here.

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



SOMERSET COUNTY EMPLOYMENT
AUTHORIZATION FOR RELEASE OF INFORMATION

Applications must be received by the Human Resources Office by the close of business on the closing date as specified on the job announcement for which you are applying. You must meet all of the qualifications to be eligible for appointment. You may be tested for illegal drug use. If selected for a position in the skilled or professional service, you may be given a medical examination to determine your ability to perform job-related functions. 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. This provision does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland.

I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to a duly authorized agent of the Somerset County Sheriff's Office or any authorized personnel of the Human Resources Department whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized for investigative resource material.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.

Signature of Applicant: _____ **Date:** _____

(The following information is not required)

To further its commitment to equal opportunity employment, Somerset County Commissioners requests Applicants provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Birth Date: _____ Male Female Race: _____

Are you a U.S Citizen or Legal Alien? Yes No

Somerset County, Maryland

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I have applied for employment with Somerset County and as a condition of employment, I must be and I must remain drug free. I understand that Somerset County is a drug-free workplace and the use of drugs or alcohol in the workplace, or being under the influence of drugs and alcohol at the workplace, is strictly prohibited.

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Somerset County in order to meet with their policy regarding the selection of applicants for employment. I understand that failure to consent will terminate my consideration for employment. I understand that if my pre-employment test results are positive, or if I fail to undergo the pre-employment drug screen within the time allotted, my application will not be considered further.

I further authorize and give full permission to have the County and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the County. I further agree to and hereby authorize the release of the results of said tests to the County.

I further agree to hold harmless Somerset County and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the County's consideration of my application of employment.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

Signature: _____ Date: _____