## **Employment Application**

years

attended:

## Kent County Commissioners 400 High Street Chestertown, Maryland 21620 (410) 778-4595



We consider applications for all positions without regard to age, race, color, religion, marital status, sex, national origin, physical or mental disability, sexual orientation, political affiliation, citizenship status, veteran status, genetic testing, or any other legally protected status. Applicants requiring reasonable accommodation to the application or interview process should promptly notify us.

		Арр	lican	t Information						
Position(s) A	Applied for:									
Full Name:			Date:							
	Last Firs	st		Middle						
Address:										
	Street Address			Apartment/Unit #						
City				State ZIP Code						
Phone (Hom	ne): <u>(</u> )		Pho	ne (Cell):()						
Date Availat	ole:		Desi	ired Salary \$						
	ver worked for Kent County t in any of its departments? ?	YES [ ]	NO [ ]	Do you have any relatives who are employed by Kent County Government in any of its departments? Please list name and relationship:	YES	NO [ ]				
Are you legally eligible to work in the U.S.?  (Proof of citizenship or immigration status will be required upon hire).			NO [ ]	- Δ criminal record does not constitute an automatic har to						
If yes, pleas experienced		tion, facts (	conce	erning the crime, and any pertinent rehabilitation you ha	ve					
			Edi	ucation						
HICH			Lu	ucation						
HIGH SCHOOL:		Addı	ress:							
Number of years attended:	Did y	ou gradua	ate?	YES NO [ ] [ ] Degree:						
COLLEGE		Addı	ress:							
Number of years attended:	Did y	ou gradua	ate?	YES NO [ ] [ ] Degree:						
OTHER:		Addı	ress:							
Number of	-			YES NO						

[ ]

Did you graduate?

[ ]

		Reference	es .		
Please list t	hree references.				
Full Name:		Relatio	nehin:		
i uli ivaille.		Neiauc	nisnip.		
Company:				Phone:	_( )
Address:					
Full Name:		Relatio	onship:		
Company:	_			Phone:	_( )
Address:					
Full Name:		Relatio	onship:		
Company:				Phone:	_( )
Address:					
		Current and Previous	Emplo	oyment	
Company:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$		Ending Salary: \$
Responsibilit	ties:				
From:	To:	Reason for Leaving:			
May we cont	tact your previous supervisor for a	YES [ ]	[		ny?
Company:				Phone:	_( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$		Ending Salary: _\$
Responsibilit	ties:				
From:	To:	Reason for Leaving:			
May we cont	tact your previous supervisor for a	reference? YES	N(		ny?

Company:		Phone:	( )	
Address:		Supervisor:		
Job Title:	Starting Salary:	\$	Ending Salary:	\$
Responsibilities:				
From: To:	Reason for Leaving:			
May we contact your previous supervisor for	a reference? YES	NO [ ] If no, wh	ny?	
Have you ever received any disciplinary actives [ ] NO [ ]	on in a prior job, such as	warnings, suspension	ns, probations or	dismissals?
If yes, please explain:				
Have you ever been charged with, discipline other form of harassment including, but not I YES [ ] NO [ ]				
If yes, please explain the nature of the charg response will not necessarily bar employmen	•	stigation, and how th	e matter was reso	olved. (A positive
response will not necessarily bar employmen	ii.)			
	Additional Informa	ation/Skills		
Please list any additional information that licenses, job related skills, equipment or				ve applied - such as
	Military Ser	vice		
Branch:		From:	To: _	
Rank at Discharge:  If other than honorable, explain:	Туре	of Discharge:		

## **Disclaimer and Signature**

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Should I receive a conditional offer of employment, I understand that my fingerprints will be used to check the criminal history records of the state of Maryland and the FBI and the results will factor into the consideration of my employment with the County Commissioners of Kent County. I authorize review and full disclosure of all my records as part of this application process for consideration of my employment. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that the Kent County Commissioners follow an "employment at will" policy, in that I or Kent County may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless it is specifically authorized in writing by an authorized executive of the Kent County Commissioners. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that as part of a conditional offer of employment, I will be required to pass a drug screening test. Refusal to submit to or cooperate with the drug screens will disqualify me from further consideration for employment with the County. A positive test will disqualify me from County employment consideration for a one year.

In the event of employment, I agree to abide by all the rules and regulations of the Kent County Commissioners.

This application for employment will be considered active for 45 days from the date of receipt.

Signature:	(if applying on line, this page must be mailed with original signatures.)	Date
Giuliatule.	tii appiviilu oli iille. tiils paue illust pe illalleu witii oliullai siullatules.	Date

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. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature:	Date:
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Kent County Commissioners 400 High Street Chestertown, Maryland 21620

