

attended:

## **Employment Application**

## County Commissioners of Kent County 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.

Thh	neums requiring reasonable accomi			nt Information							
Position(s)	Applied for:										
Full Name:			Date:								
	Last First			Middle							
Address:	Street Address			Apartment/Unit #							
	City			State Zip Code							
Email addre	ess:		_	Phone #(s):							
Date Available:			<u> </u>	Desired Salary \$							
Have you ever worked for Kent County Government in any of its departments?  If yes, when?			NO [	Do you have any relatives who are employed by Kent County Government in any of its departments? Please list name and relationship:							
Are you legally eligible to work in the U.S.?  (Proof of citizenship or immigration status will be required upon hire).											
	OMPLETION OF THE APPLIC	CATIO	N IS	BE SUBMITTED BUT IS NOT REQUIRED.  MANDATORY. FAILURE TO DO SO MAY RESULT IN DO NOT DIRECT THE READER TO "SEE RESUME."							
		E	ducati	tion							
HIGH SCHOOL: Number of		Add	ress:	YES NO							
years attended:	Did you	ı gradua	ite?	[ ] [ ] Degree:							
COLLEGE Number of		Add	ress:	YES NO							
years attended:	Did you	ı gradua	ite?	[ ] [ ] Degree:							
OTHER: Number of years		Add	ress:	YES NO [ ] [ ]							

Degree:

Did you graduate?

## References (different from current or former supervisors)

Full Name:			_Relationship	:				
Company:				Phone:		)		
Address:								
Full Name:			_Relationship	:				
Company:				Phone:		)		
Address:								
Full Name:			_Relationship	:				
Company:				Phone:		)		
Address:								
C	urrent and Previ	ous Employment (M	lust Provide	a Minimum 10	Years	; use extra	pages if ne	eded)
Company:				_Phone:		)		
Address:				Supervisor:				
Job Title:								
Responsibilities: _								
		Reason for Lessor for a reference?	YES	NO				
way we contact you	ii previous supervi	sor for a reference:	L J	[ ] If no, w	ту:			
Company:				Phone:	_(	)		
Address:				Supervisor:				
Job Title:								
Responsibilities: _								
		Reason for						
		sor for a reference?	VES					

Company:	Phone: ( )
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To: Reason for Leaving:	
	no ] If no, why?
Have you ever received any disciplinary action in a prior job, such as warnin	gs, suspensions, probations or dismissals?
If yes, please explain:	
Have you ever been charged with, disciplined for, or been the subject of an other form of harassment including, but not limited to, race, age, religion, na YES [ ] NO [ ]	tional origin or disability at a pervious job?
response will not necessarily bar employment.)	
Additional Information/S	Skille
Please list any additional information that relates to your ability to perflicenses, job related skills, equipment or machinery skills, professional	form the job for which you have applied - such as
Military Service	
Branch:	From:To:
Rank at Discharge:Type of Discl If other than honorable, explain:	narge:

## **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 have read the job specification and I am able to perform the job duties.

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 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: 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.

S	lignature:	Da	ate:	
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**Electronic Signature Agreement**: By selecting the "I Accept" button, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application. 

I Accept □

County Commissioners of Kent County 400 High Street Chestertown, Maryland 21620



WE ARE AN EQUAL OPPORTUNITY EMPLOYER