

County Commissioners of Kent County

400 High Street

Chestertown, Maryland 21620

(410) 778-4595



# Employment Application

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.

## Applicant Information

Position(s) Applied for: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State Zip Code

Email address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_

Have you ever worked for Kent County Government in any of its departments? If yes, when?	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 [ ]
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Are you legally eligible to work in the U.S.? (Proof of citizenship or immigration status will be required upon hire).	YES [ ]	NO [ ]	Have you ever been convicted of a felony? A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.	YES [ ]	NO [ ]
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If yes, please explain the crime, date of conviction, facts concerning the crime, and any pertinent rehabilitation you have experienced:

## Education

HIGH SCHOOL: \_\_\_\_\_ Address: \_\_\_\_\_  
 Number of years attended: \_\_\_\_\_ Did you graduate? YES [ ] NO [ ] Degree: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ Address: \_\_\_\_\_  
 Number of years attended: \_\_\_\_\_ Did you graduate? YES [ ] NO [ ] Degree: \_\_\_\_\_

OTHER: \_\_\_\_\_ Address: \_\_\_\_\_  
 Number of years attended: \_\_\_\_\_ Did you graduate? YES [ ] NO [ ] Degree: \_\_\_\_\_

**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: \_\_\_\_\_

**Current and Previous Employment (Minimum 10 Years; use extra pages if needed)**

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, why?

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, why?

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, why?

Have you ever received any disciplinary action in a prior job, such as warnings, suspensions, probations or dismissals?  
YES [ ] NO [ ]

If yes, please explain:

Have you ever been charged with, disciplined for, or been the subject of an investigation involving sexual harassment or any other form of harassment including, but not limited to, race, age, religion, national origin or disability at a previous job?  
YES [ ] NO [ ]

If yes, please explain the nature of the charge, discipline, and/or investigation, and how the matter was resolved. (A positive response will not necessarily bar employment.)

### Additional Information/Skills

Please list any additional information that relates to your ability to perform the job for which you have applied - such as licenses, job related skills, equipment or machinery skills, professional memberships, etc.

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain:

**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 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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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*

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**