

Talbot County Government Administrative Services 11 North Washington Street Easton, MD 21601 applications@talbotcountymd.gov

Employment Application

Instructions: <u>Please read the official Job Description</u> for complete job information and requirements before filling out this application. Answer every question completely. Resumes or other kinds of applications cannot be substituted for this official Talbot County Government Employment Application; however, you may include a resume with this application if you wish. Please type or print clearly using <u>black ink</u>. Please include your full name on any additional pages.

	(PLEASE P.	RINT)			
Position(s) Applied For			Date of Application	1	
Last Name	First Name			Middle l	nitial
Address	City		State	Zip C	ode
Phone Number		E-Mail address			
Oo you have a valid driver's license?				□ Yes	□ No
f you are under 18 years of age, can you provide	required prod	of of your eligibi	lity to work?	□ Yes	□ No
Have you ever filed an application with us before	?			□ Yes	□ No
		If Ye	es, give date		
Have you ever been employed with us before?				□ Yes	□ No
		If Ye	es, give date		
are you prevented from lawfully becoming employisa or Immigration Status? Proof of citizenship or immigration status will be required up			use of	□ Yes	□ No
On what date would you be available for work?					
are you available to work: Full Time Par	rt time 🛚 S	hift Work 🛭 T	emporary		
Can you travel if the job requires it?				□ Yes	□ No
Did you graduate from high school? ☐ Yes Name of School	□ No	Do you h Number:	ave a GED?	□Yes	□ No
City/State:		State:			

ED	UC	AT	ION

Name and location of college(s) or university(ies) attended	Major Field	Degree Type	Degree Rec'd Yes/No

Other Training: Describe any specialized training (*trade school, military training, law enforcement training, or specialized schooling*) you have received that may be relevant to this position. Include any licenses and certifications with numbers and expiration dates, if available.

Trade School/Organization Name	Type of Training	Describe	Certificate or License	Expiration Date

SKILLS

Other Skills or Abilities: Please describe your proficiency/skill/ability in the use of computer hardware and software, equipment/tools, or any other special skills or abilities that enhance your qualification for this position. Only include skills that you currently use or have maintained, and identify how you use those tools.

Specific Skill or	Specific Tool/Equipment/	Proficiency Level	How Used
Ability	Hardware/Software	(Advanced/Intermediate/Beginner)	(Application)

Please rate your computer skills in the following areas:

Microsoft Word (None / Use Regularly / Very Skilled)	Microsoft Excel (None / Use Regularly / Very Skilled)	Microsoft Outlook (None / Use Regularly / Very Skilled)

PREVIOUS EMPLOYMENT

Start with your Present or Most Recent Job. Include relevant paid, non-paid, volunteer and military experience from the past 10 years. List Promotions as Separate Jobs. You must provide all of the information requested for each job you list. If more space is required, please attach additional pages that provide all of the information requested for each job. A resume should be used only to supplement information presented here. Label all additional pages with your Name and the job for which you are applying.

Are you currently employed? □ Yes □ No					
May we contact your present employer for a reference? ☐ Yes ☐ No					
Company:		Address: _			
Job Title:		Responsibilities:			
			Phone:		
			THORE.		
From:	To:	Reason for Leaving:			
May we contact your p	previous supe	rvisor for a reference?	□ No		
Name of Supervisor:_			Phone:		
Company:		Address: _			
Job Title:		Responsibilities:			
From:	To:	Reason for Leaving:			
May we contact your p	previous supe	rvisor for a reference?	□ No		
Name of Supervisor:_			Phone:		

PREVIOUS EMPLOYMENT		
	(Continued)	
Company:	Address:	
Job Title:	Responsibilities:	
	Reason for Leaving:	
May we contact your previous superv	isor for a reference? □ Yes □ No	
Name of Supervisor:	Phone:	
	REFERENCES	
Please list three references.		
Name:	Relationship:	
Company:	Phone:	
Address:		
Name:	Relationship:	
Company:	Phone:	
Address:		
Name:	Relationship:	
Company:	Phone:	

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.		
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.		
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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Talbot County.		
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 Talbot County.		
Signature of Applicant Date		
FOR DEPARTMENTAL USE ONLY		
Arrange Interview □ Yes □ No		
Remarks		
Interviewer Date		