



# APPLICATION FOR EMPLOYMENT

HARFORD COUNTY GOVERNMENT  
DEPARTMENT OF HUMAN RESOURCES  
220 SOUTH MAIN STREET  
BEL AIR, MARYLAND 21014

[www.harfordcountymd.gov](http://www.harfordcountymd.gov) ~ OFFICE: 410-638-3201 ~ FAX: 410-879-3564  
(THIS APPLICATION MUST BE TYPED OR PRINTED IN INK - ATTACH ADDITIONAL SHEETS IF NECESSARY)

VACANCY NO: \_\_\_\_\_ TITLE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SEC. #: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

DRIVER'S LIC. NO: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

IS THIS A CDL DRIVER'S LICENSE?: YES \_\_\_ NO \_\_\_

IF YES, PLEASE LIST ALL ENDORSEMENTS: \_\_\_\_\_

PLEASE LIST ANY LEARNER'S PERMITS THAT YOU POSSESS: \_\_\_\_\_

IS YOUR DRIVER'S LICENSE SUSPENDED?: YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?: YES \_\_\_ NO \_\_\_

IF YES, PLEASE GIVE NATURE OF CRIME(S), YEAR(S) OF CONVICTIONS: \_\_\_\_\_

DATE OF BIRTH: (LAW ENFORCEMENT, CORRECTIONS, & PUBLIC SAFETY DISPATCHER APPLICATIONS ONLY) \_\_\_\_\_

EDUCATION: ARE YOU A HIGH SCHOOL GRADUATE? YES \_\_\_ NO \_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

HIGH SCHOOL EQUIV. CERT. OR GED# OR STATE WHICH GRANTED CERTIFICATE: \_\_\_\_\_

LIST ANY PROFESSIONAL/TECHNICAL LICENSES, THE AUTHORIZAING STATE AND DATE OF EXPIRATION: \_\_\_\_\_

## LIST COLLEGE, TECHNICAL SCHOOL, OR OTHER ADVANCED TRAINING

NAME	FROM (MO/YR)	TO (MO/YR)	DEGREE (BA, BS, MA & MAJOR)

MILITARY SERVICE: BRANCH \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

YRS SERVED: FROM \_\_\_\_\_ TO: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

PRIMARY & SECONDARY MOS: \_\_\_\_\_ ARE YOU CLAIMING VETERANS PREFERENCE?: YES \_\_\_ NO \_\_\_

**IF YES, YOU MUST ATTACH A COPY OF ONE OF THE FOLLOWING YOUR CERTIFICATE OF HONORABLE DISCHARGE, CERTIFICATE OF SATISFACTORY COMPLETION OF MILITARY SERVICE OR VA CERTIFICATE TO THE APPLICATION AT THE TIME OF SUBMITTAL.**

HARFORD COUNTY IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

IF MAILING APPLICATION WITH RESUME, BE SURE TO AFFIX ADEQUATE POSTAGE TO ENSURE DELIVERY. BE ADVISED THAT TO BE CONSIDERED FOR THE POSITION YOU ARE APPLYING FOR YOUR APPLICATION AND ANY ACCOMPANYING DOCUMENTATION MUST BE RECEIVED BY THE CLOSING DATE. APPLICATIONS AND ACCOMPANYING DOCUMENTATION RECEIVED AFTER THE CLOSING DATE WILL NOT BE ACCEPTED.

**EMPLOYMENT HISTORY**

INSTRUCTIONS: PLEASE READ THESE INSTRUCTIONS CAREFULLY, IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, ALL INFORMATION MUST BE COMPLETED ACCURATELY. IF YOU HAVE QUESTIONS, PLEASE CALL THE DEPARTMENT OF HUMAN RESOURCES FOR HELP.

1. LIST YOUR PRESENT AND PAST EMPLOYERS, STARTING WITH THE **CURRENT** EMPLOYER FIRST.
2. **IF YOU ARE A CURRENT COUNTY EMPLOYEE, PLEASE INDICATE THAT THE COUNTY IS YOUR CURRENT EMPLOYER AND PROVIDE THE DETAILS OF YOUR JOB AS ASKED.**
3. PROVIDE THE NAME(S) OF YOUR IMMEDIATE SUPERVISOR(S) IN YOUR PAST AND CURRENT POSITIONS.
4. LIST THE NAME, ADDRESS, AND PHONE NUMBER OF ALL YOUR PAST AND CURRENT EMPLOYERS (USE ADDITIONAL PAPER IF NECESSARY).
5. LIST ACCURATE MONTHS/DATES OF EMPLOYMENT FOR EACH PAST AND CURRENT EMPLOYER.
6. ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

SALARY: \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YR MONTH/YR

JOB TITLE & DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES?: YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

SALARY: \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YR MONTH/YR

JOB TITLE & DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES?: YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

SALARY: \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YR MONTH/YR

JOB TITLE & DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES?: YES \_\_\_\_\_ NO \_\_\_\_\_

DESCRIBE ANY SIGNIFICANT VOLUNTEER WORK, WHICH MAY BE USED TO QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING, LIST DATES AND PERSON TO CONTACT FOR REFERENCES.

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LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT INCLUDING SPECIAL SKILLS SUCH AS OPERATION OF OFFICE EQUIPMENT, VEHICULAR EQUIPMENT, COMPUTERS, ETC.

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PLEASE INDICATE THE SOURCE FROM WHICH YOU LEARNED OF THIS POSITION:

- NEWSPAPER (NAME) \_\_\_\_\_  COUNTY EMPLOYEE \_\_\_\_\_  
 BULLETIN BOARD (POSTED WHERE) \_\_\_\_\_  OTHER (SPECIFY) \_\_\_\_\_  
 INTERNET

LIST THREE PERSONAL REFERENCES (NOT RELATED TO YOU)

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED WITH HARFORD COUNTY GOVERNMENT?: YES \_\_\_ NO \_\_\_

IF YES, STATE NAME, RELATIONSHIP AND EMPLOYEES WORK LOCATION: \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY HARFORD COUNTY GOVERNMENT? IF SO, PLEASE PROVIDE THE DATES AND DEPARTMENT.

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ARE YOU CURRENTLY AN EMPLOYEE OF HARFORD COUNTY GOVERNMENT?: YES \_\_\_ NO \_\_\_

HAVE YOU PARTICIPATED IN HARFORD COUNTY GOVERNMENT'S TRAINING PROGRAM?: YES \_\_\_ NO \_\_\_

IF YES, PLEASE PROVIDE THE TITLE OF THE TRAINING CLASSES YOU HAVE TAKEN: \_\_\_\_\_

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**IF YOU ARE CURRENTLY A HARFORD COUNTY GOVERNMENT EMPLOYEE, PLEASE COMPLETE THE FOLLOWING SECTION.**

HAVE YOU BEEN COMPENSATED FOR WORKING OUT OF CLASSIFICATION IN THE POSITION TITLE FOR WHICH YOU ARE SUBMITTING THIS APPLICATION? YES \_\_\_ NO \_\_\_

IF YES, PLEASE PROVIDE DATE(S) YOU WERE COMPENSATED: \_\_\_\_\_

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## APPLICATION INFORMATION

**THE FOLLOWING INFORMATION IS VOLUNTARY:**

*THE INFORMATION BELOW IS REQUESTED TO MEET THE REQUIREMENTS OF CERTAIN FEDERAL AGENCIES AND WILL BE SEEN AND TABULATED BY THE DEPARTMENT OF HUMAN RESOURCES ONLY. IT IS CONFIDENTIAL INFORMATION AND WILL NOT BE USED IN ANY EMPLOYMENT DECISION.*

POSITION APPLIED FOR: \_\_\_\_\_  
(JOB TITLE AS LISTED ON FRONT OF APPLICATION)

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE/ETHNIC INFORMATION: CHECK ONE ONLY

\_\_\_\_\_ **WHITE** – NOT OF HISPANIC ORIGIN – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.

\_\_\_\_\_ **BLACK** – NOT OF HISPANIC ORIGIN – A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.

\_\_\_\_\_ **HISPANIC** – A PERSON OF PUERTO RICO, MEXICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.

\_\_\_\_\_ **ASIAN OR PACIFIC ISLANDER** – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. EXAMPLES: CHINA, JAPAN, KOREA, THE PHILLIPPINES, SAMOA.

\_\_\_\_\_ **AMERICAN INDIAN OR ALASKAN NATIVE** – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.

***PLEASE BE SURE ALL PAGES HAVE BEEN COMPLETED***

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**CANDIDATE SELECTED FOR POSITION MUST PERFORM ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMODATION AND MUST UNDERGO AND PASS A COUNTY PRE-EMPLOYMENT MEDICAL EXAM TO INCLUDE URINE DRUG SCREENING.**

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**APPLICATIONS FOR ANY POSITION REQUIRING A COMMERICAL DRIVER'S LICENSE WILL BE REQUIRED, AS A CONDITION OF EMPLOYMENT, TO SIGN A RELEASE AUTHORIZING HARFORD COUNTY GOVERNMENT TO OBTAIN ALCOHOL AND CONTROLLED SUBSTANCE USE AND/OR TEST RECORDS FROM PREVIOUS EMPLOYERS.**

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**SIGNATURE IS REQUIRED FOR THE FOLLOWING AUTHORIZATIONS AND ACKNOWLEDGEMENT OF INFORMATION:**

Please **READ** carefully before signing: If you have used any other name in previous employment, please provide us with the name used at your prior place of employment. **PRINT OR TYPE YOUR NAME AS WELL AS SIGNING YOUR LEGAL SIGNATURE.**

I AUTHORIZE THE HARFORD COUNTY DEPARTMENT OF HUMAN RESOURCES TO INVESTIGATE ANY AND ALL STATEMENTS MADE ON THIS APPLICATION, INCLUDING ANY DRIVING RECORD. SUCH AUTHORIZATION INCLUDES OBTAINING RECORDS FROM PAGE EMPLOYERS, EDUCATIONAL TRANSCRIPTS, LAW ENFORCEMENT AGENCIES AND/OR CREDIT REPORTING SERVICES. I ALSO AUTHORIZE HARFORD COUNTY TO PERFORM A CRIMINAL BACKGROUND CHECK INCLUDING, BUT NOT LIMITED TO, FINGERPRINTING AND CRIMINAL RECORD REVIEW. IF ANY MISREPRESENTATION HAS BEEN MADE OR IF THE RESULTS OF THE INVESTIGATION ARE UNSATISFACTORY, ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN; IN THE EVENT THAT I AM ALREADY EMPLOYED BY HARFORD COUNTY, MY EMPLOYMENT MAY BE TERMINATED.

The following notice applies to everyone excepts applicants for law enforcement officer positions as defined by Section 3-101 of the Public Safety Article of the Annotated Code of Maryland:

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 \$100.00.

**MAKE SURE YOU HAVE COMPLETED ALL APPLICABLE SECTIONS ON THIS APPLICATION FORM AND HAVE SIGNED BELOW. THIS APPLICATION WILL NOT BE CONSIDERED IF YOU HAVE NOT FILLED IT OUT COMPLETELY, OR HAVE NOT SIGNED IT.**

PRINTED/TYPED FULL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

PRINTED/TYPED FULL NAME USED AT PRIOR EMPLOYMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LIST A TELEPHONE NUMBER WHERE YOU CAN BE REACHED TO SCHEDULE AND INTERVIEW AND WHAT HOURS ARE BEST TO CALL THIS NUMBER: \_\_\_\_\_

**HARFORD COUNTY GOVERNMENT IS A DRUG FREE WORKPLACE/SMOKE FREE ENVIRONMENT**

**HARFORD COUNTY  
MARYLAND'S NEW CENTER FOR OPPORTUNITY**

