



# Anne Arundel County Government Employment Application

Reviewed By: \_\_\_\_\_ Q: \_\_\_\_\_ NQ: \_\_\_\_\_

Applications are accepted at the Office of Personnel Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m.

## Current Employment Status

Applicant must check as appropriate:

- ☐ Not currently employed with Anne Arundel County Government
- ☐ Currently employed with Anne Arundel County Government as a:
- ☐ Classified Employee
- ☐ Seasonal/Temporary
- ☐ Other (Identify) \_\_\_\_\_
- ☐ Priority Employment (please attach a copy of the Notification Letter)

**Instructions:** Read the official Job Announcement for complete job information and requirements before filling out this application. Answer every question completely. Do not substitute resumes or other kinds of applications for an official Anne Arundel County Government Employment Application. Submit a separate application for each position for which you are applying. Please type or print clearly using black ink. Late applications will be rejected. Label all additional pages with *Name, Social Security Number and Job Announcement Number*.

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|--|--|--|--|
| Application for position of: <i>(Use title from Job Announcement)</i>  |  | Job Announcement Number  |  |
| 1. Name<br>_____<br><i>(Last) (First) (Middle)</i>   |  | 2. Social Security Number  |  |
| 3. Address<br>_____<br><i>(Number) (Street) (Apt. #)</i><br>_____<br><i>(City) (State) (Zip)</i><br><input type="checkbox"/> I am an Anne Arundel County Resident.<br><br>I understand that I must notify the Office of Personnel of any change in my name, address, phone number or other pertinent information.  |  | 4. Phone Numbers/E-Mail Address<br>Home Phone: _____<br>Work Phone: _____<br>E-Mail: _____                       |  |
| 6. Are you currently a Probationary Employee in the County Classified Service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of hire: _____  |  | 5. Whom shall we contact in case of an emergency?<br>Name: _____<br>Phone: _____                                 |  |
| 7. Are you an active Anne Arundel County Volunteer Fire Fighter? <input type="checkbox"/> No <input type="checkbox"/> Yes From: _____ To: _____  |  |  |  |
| 8. Anne Arundel County has instituted a preference in hiring for veterans for initial employment. Eligibility for this preference is defined as a veteran of any branch of the armed forces of the United States who has received an honorable discharge or a certificate of satisfactory completion of military service, including the National Guard, the Coast Guard and the military reserves. This policy does not give preference to current county employees for internal agency actions such as promotion, demotion, transfer, reassignment, and reinstatement.<br>Do you qualify for the above-mentioned preference? Please select your response below.<br>Military service should be documented on your application in the work experience section. (Proof of eligibility shall be required at a later time or during a background investigation).<br><input type="checkbox"/> Yes I am a qualifying United States veteran and qualify for veteran's preference as defined in this question<br><input type="checkbox"/> I am NOT a qualifying veteran and therefore, not eligible for veteran's preference |  |  |  |
| 9. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name: _____<br>Address: _____<br>_____   |  | 9a. Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number: _____<br>State: _____ |  |

| 10. | Name and location of college(s) or university(ies) attended | Total Credit Hours | Major Field | Degree Type | Years Attended | Degree Rec'd Yes/No |
|-----|---|--------------------|-------------|-------------|----------------|---------------------|
|     |   |                    |             |             |                |                     |
|     |   |                    |             |             |                |                     |

**11. Other Training:** Describe any specialized training (*trade school, military training, law enforcement training, or specialized schooling*) which you have which 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 |
|--------------------------------|------------------|----------|------------------------|-----------------|
|                                |                  |          |                        |                 |
|                                |                  |          |                        |                 |
|                                |                  |          |                        |                 |

**12a. 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 those skills that you currently use or have maintained, and identify how you use those tools.

| Specific Skill or Ability | Specific Tool/Equipment/<br>Hardware/Software | Proficiency Level<br>(Advanced/Intermediate/Beginner) | How Used<br>(Application) |
|---------------------------|---|---|---------------------------|
|                           |   |   |                           |
|                           |   |   |                           |
|                           |   |   |                           |

**12b. Language Skills:** Please describe your proficiency/skill in foreign or sign languages as identified below. For skill level please choose excellent, good or fair under reading, speaking, understanding, and writing:

| Language | Reading<br>(Excellent/Good/Fair) | Speaking<br>(Excellent/Good/Fair) | Understanding<br>(Excellent/Good/Fair) | Writing<br>(Excellent/Good/Fair) |
|----------|----------------------------------|-----------------------------------|--|----------------------------------|
|          |                                  |                                   |  |                                  |
|          |                                  |                                   |  |                                  |

**13. Experience:**

Use the following blocks A through D to provide complete information about your previous jobs **Starting With Your Present or Most Recent Position in Block A.** Include all relevant paid, non-paid, volunteer and military experience. **List Promotions as Separate Jobs.** You must provide all of the information requested for each job you list. If you require more space to answer Blocks A through D, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. Label all additional pages with your **Name, Social Security Number and Job Announcement Number.**

|          |   |
|----------|---|
| <b>A</b> | <b>Position Title:</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Employer:</b> ( <i>Company or Organization</i> ) |
|          | <b>Name, Title, and Telephone Number of Immediate Supervisor:</b> <b>Address of Employer:</b>   |

**Dates of Employment:**

From \_\_\_\_\_ To \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of Hours Worked Per Week \_\_\_\_\_

Number of Employees You Supervised \_\_\_\_\_

Reason for Wanting to Leave \_\_\_\_\_

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**Describe your duties, responsibilities and accomplishments below. Be descriptive.**

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|----------|---|---|
| <b>B</b> | <b>Position Title:</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Employer:</b> <i>(Company or Organization)</i> |
|          | <b>Name, Title, and Telephone Number of Immediate Supervisor:</b>                                 | <b>Address of Employer:</b>                       |

|   |  |
|---|--|
| <b>Dates of Employment:</b><br>From _____ To _____<br><br>Type of Business _____<br>Number of Hours Worked Per Week _____<br>Number of Employees You Supervised _____<br>Reason for Wanting to Leave _____<br>_____<br>_____<br>_____ | <b>Describe your duties, responsibilities and accomplishments below. Be descriptive.</b><br><br><br><br><br><br><br> |
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|          |   |   |
|----------|---|---|
| <b>C</b> | <b>Position Title:</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Employer:</b> <i>(Company or Organization)</i> |
|          | <b>Name, Title, and Telephone Number of Immediate Supervisor:</b>                                 | <b>Address of Employer:</b>                       |

|   |  |
|---|--|
| <b>Dates of Employment:</b><br>From _____ To _____<br><br>Type of Business _____<br>Number of Hours Worked Per Week _____<br>Number of Employees You Supervised _____<br>Reason for Wanting to Leave _____<br>_____<br>_____<br>_____ | <b>Describe your duties, responsibilities and accomplishments below. Be descriptive.</b><br><br><br><br><br><br><br> |
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|----------|---|---|
| <b>D</b> | <b>Position Title:</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Employer:</b> <i>(Company or Organization)</i> |
|          | <b>Name, Title, and Telephone Number of Immediate Supervisor:</b>                                 | <b>Address of Employer:</b>                       |

|   |  |
|---|--|
| <b>Dates of Employment:</b><br>From _____ To _____<br><br>Type of Business _____<br>Number of Hours Worked Per Week _____<br>Number of Employees You Supervised _____<br>Reason for Wanting to Leave _____<br>_____<br>_____<br>_____ | <b>Describe your duties, responsibilities and accomplishments below. Be descriptive.</b><br><br><br><br><br><br><br> |
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| 14. | <b>Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.  |  |
| 15. | <b>Do you have a valid motor vehicle operators license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>License Number: _____ Class _____ State _____<br>Is this license a Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Endorsement Code: _____<br><b>Where Required By The Announcement, Failure To Provide License Number May Result In Disqualification.</b>   |  |
| 16. | <b>Have you ever been convicted of a criminal offense in any court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Exclude expunged convictions unless applying for a law enforcement position)</i><br>If yes, give date, place, charge, court and fine, sentence or conviction.<br><br>_____<br>A conviction does not automatically mean that you will not be employed. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made. <i>(Attach additional sheets, if necessary, and label all additional sheets with Name, Social Security Number and Job Announcement Number.)</i>  |  |
| 17. | <b>Have you ever been fired or asked to resign from a job?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give date, name and address of employer, and reason.<br><br>_____<br>A firing or forced resignation does not automatically mean that you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made. <i>(Attach additional sheets, if necessary, and label all additional sheets with Name, Social Security Number and Job Announcement Number.)</i>  |  |
| 18. | <b>The following notice applies to everyone <u>except</u> applications for Law Enforcement Officer positions as defined by Article 27, Section 727, or any employee of any law enforcement agency of the State of Maryland or any county, incorporated city or town, or other municipal corporation.</b><br><br><b>"Under Maryland Law An Employer May Not Require Or Demand Any Applicant For Employment Or Prospective Employment Or Any Employee To Submit To Or Take A Polygraph, Lie Detector Or Similar Test Or Examination As A Condition Of Employment Or Continued Employment. Any Employer Who Violates This Provision Is Guilty Of A Misdemeanor Subject To A Fine Not To Exceed \$100."</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature of Applicant</b> _____<br/> <div style="text-align: center;"><i>(Required by Maryland State Law)</i></div> </div> <div style="width: 35%;"> <b>Date</b> _____         </div> </div> |  |

I hereby certify that every statement I have made in this application is **True and Complete** to the best of my knowledge. **I understand that any false or incomplete answer may be grounds for not employing me or for discharging me after my employment.** I understand that I may have to pass a physical examination; produce documentation verifying identity and employment in the U.S.; and be fingerprinted as a condition of my employment.

I hereby authorize and fully consent to the disclosure and release to Anne Arundel County, Maryland of any information and documents bearing on my academic history; job performance; and/or other credentials or licenses that may be relevant to the Announcement for which this application is made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of Anne Arundel county's acceptance and evaluation of this application, I hereby release and hold harmless Anne Arundel County, Maryland; any school; any present or former employer; and/or any other person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**This Application consists of six pages which should be completed fully before your Application is submitted.**

**To: Anne Arundel County Government  
Office of Personnel  
Post Office Box 6675  
Annapolis, MD 21401-6675**

Visit our Website at [www.aacounty.org](http://www.aacounty.org) for general information 24 hours per day regarding employment with the County, currently posted vacancies, Public Safety positions and testing information. You can also visit your local library or other Internet service providers to access an application online. If you do not have access to the Internet, please call (410) 222-7590 to hear our current job opportunities.

Applications are accepted at the Office of Personnel Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m. A drop box is available until 6:00 p.m. inside the lobby by the office doors. Or you may mail to the office address below and must be received by the closing date of the announcement.

**Before mailing, did you:**

- ✦ **Sign the application in two places?**
- ✦ **Supply a driver's license number, if applicable?**
- ✦ **Fill out all five pages of the Application?**

**Anne Arundel County Government  
Office of Personnel  
Post Office Box 6675  
Annapolis, MD 21401-6675**

## Anne Arundel County Office of Personnel

Anne Arundel County seeks the following information in order to comply with its obligations under all applicable Equal Employment Opportunity Laws. Individuals are encouraged to complete this form which is detached from the application and used for statistical purposes only. Those who choose not to provide race or sex information will be placed in the largest applicant group. In keeping with Anne Arundel County policy, any individual who knowingly falsifies a race or sex claim is subject to disqualification or termination.

|  |  |
|--|--|
| <b>A. How did you first learn about the job for which you are applying? (Please specify one.)</b>  |  |
| a. <input type="checkbox"/> Newspaper (name) _____<br>b. <input type="checkbox"/> Job Bulletin (where posted) _____<br>c. <input type="checkbox"/> Federal/State Employment service (name) _____<br>d. <input type="checkbox"/> Community Action Agency (name) _____<br><br>e. <input type="checkbox"/> Magazine/Journal (name) _____<br>f. <input type="checkbox"/> Walk-In (where) _____<br>g. <input type="checkbox"/> County Employee (name) _____<br>h. <input type="checkbox"/> Notification Postcard _____  | i. <input type="checkbox"/> Job Fair/Conference (where/when) _____<br>j. <input type="checkbox"/> College/University/School (name) _____<br>k. <input type="checkbox"/> County Telephone Jobline _____<br>l. <input type="checkbox"/> Other (specify) _____<br><br>m. <input type="checkbox"/> Television (station) _____<br>n. <input type="checkbox"/> Radio (station) _____<br>o. <input type="checkbox"/> County Internet Website _____<br>p. <input type="checkbox"/> Internet Website, Other _____ |
| <b>B. Date of Birth:</b> _____ / _____ / _____<br><div style="text-align: center; font-size: small;"> (Month)                      (Day)                      (Year) </div>  | <b>C. Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| <b>D. Ethnic Origin:</b><br>The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin.   |  |
| <input type="checkbox"/> <b>White (Not of Hispanic origin) :</b> All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.<br><input type="checkbox"/> <b>Black (Not of Hispanic origin) :</b> All persons having origins in any of the Black racial groups of Africa.<br><input type="checkbox"/> <b>Hispanic:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.<br><input type="checkbox"/> <b>Asian:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. (For example: China, Japan, or Korea.)<br><input type="checkbox"/> <b>Hawaiian or Pacific Islander:</b> All persons having origins in any of the original peoples of Hawaii or the Pacific Islands. (For example: the Philippines and Samoa.)<br><input type="checkbox"/> <b>American Indian or Alaskan Native:</b> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition. |  |

**Anne Arundel County is an Equal Opportunity Employer. Females, Minorities, and Individuals with Disabilities are encouraged to apply.**

**Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Office of Personnel in advance at 410-222-7595.**

**Return To:**

Anne Arundel County Government  
Office of Personnel  
2660 Riva Road, Heritage Complex  
Annapolis, Maryland 21401

**Mail To:**

Anne Arundel County Government  
Office of Personnel  
Post Office Box 6675  
Annapolis, Maryland 21401