

APPLICATION FOR EMPLOYMENT

HOWARD COUNTY

AN EQUAL OPPORTUNITY EMPLOYER

Applicant Information

Last Name		First	M.I.	Date
Street			Apartment #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Driver's License Number & State	
Position Applying for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this Howard County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have any relatives currently employed by Howard County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give name & relationship	

Education

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

References

Please list three references not related to you or former employers:

1. Name	Relationship
Address	Phone ()
City, State, Zip	

2. Name

Relationship

Address

Phone ()

City, State, Zip

3. Name

Relationship

Address

Phone ()

City, State, Zip

Previous Employment

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

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

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

Disclaimer and Signature

Please read carefully and sign. Applications without a signature will not be accepted.

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or absence of my signature on this application is just cause for rejection of this application. My signature authorizes Howard County to review my previous employment (except as stated above), driving records, criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also understand that for some positions, an offer of employment with the County is contingent upon the results of a drug test.

Signature

Date

Equal Employment Opportunity Employer