

Last Name                      First Name                      Initial                      Date

\_\_\_\_\_ / / \_\_\_\_\_

# HOWARD COUNTY GOVERNMENT

## Application for Employment

POSITION APPLYING FOR:

\_\_\_\_\_

Do You Have a CDL License?

\_\_\_\_\_

This application must be completed thoroughly and accurately prior to any consideration of employment with Howard County Government. The completed application is current for 12 months from the date of submission. After that time, if you wish to be considered for a current position for which you meet the minimum qualification, it will be necessary for you to complete, sign and date a new application.

### **AN AFFIRMATIVE ACTION EMPLOYER**

In compliance with federal and state equal employment opportunity laws, it is the policy of Howard County Government that applicants and employees are considered for employment opportunities without regard to race, sex, age, color, religion, national origin, marital status, participation in military service, the presence of a disability which is subject to reasonable accommodation, or any other protected status.

COMPLETED APPLICATION (ORIGINAL) SHOULD BE FORWARDED TO THE HOWARD COUNTY PERSONNEL OFFICE. A COPY OF THIS APPLICATION SHOULD BE MADE AND KEPT WITH THE ELECTED OFFICIAL/DEPARTMENT HEAD OF THE OFFICE FOR WHICH THE APPLICANT IS APPLYING FOR EMPLOYMENT.

**The Howard County Sheriff's Office, the Kinsey Youth Center and the Probation Departments will have additional paperwork that will need to be completed in addition to this Application for Employment.**



**PLEASE PRINT IN INK OR TYPE**

LAST NAME _____	FIRST _____	MIDDLE _____	SOCIAL SECURITY NUMBER _____
STREET ADDRESS _____		CITY, STATE, ZIP CODE _____	TELEPHONE NUMBER (    ) _____

ARE YOU OVER AGE 16? YES _____ NO _____	U.S. MILITARY SERVICE BRANCH _____ RANK _____	YES _____	NO _____	REGULAR _____	RESERVE _____
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HAVE YOU EVER WORKED FOR HOWARD COUNTY GOVERNMENT?	YES _____	NO _____
IF YES, GIVE LOCATION / DATES: _____		

<b>EDUCATION</b>							
HIGH SCHOOL	NAME AND LOCATION OF LAST HIGH SCHOOL	COLLEGE					
9 10 11 12		1	2	3	4	5	6 7 8
<b>COLLEGES ATTENDED</b>							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY (CITY, STATE)		MAJOR/MINOR		DEGREE			
_____		_____		_____			
_____		_____		_____			
<b>OTHER SCHOOLS AND TRAINING</b>							
NAME/ LOCATION (CITY, STATE)	COURSES	CERTIFICATE EARNED/YEAR	LENGTH OF COURSE				
_____	_____	_____	_____				
_____	_____	_____	_____				
_____	_____	_____	_____				

<b>PROFESSIONAL REFERENCES</b>		
(PROVIDE THREE NAMES OF SUPERVISORS/MANAGERS WE MAY CONTACT WHO HAVE KNOWLEDGE OF YOUR WORK/EDUCATIONAL BACKGROUND)		
NAME AND TITLE	ADDRESS, CITY, STATE, ZIP	CONTACT PHONE NUMBER
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____

<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? SUCH CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED. IF YOU HAVE BEEN CONVICTED, PLEASE PROVIDE US WITH AN EXPLANATION OF RELEVANT CIRCUMSTANCES.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Howard County Government**

**Certification and At-Will Employment Agreement**

Please read carefully and sign below.

**I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment at any time. I understand this job application is not an employment contract.**

**I understand and agree to the following:**

1. My prior employers, educational institutions and other references listed on this application are authorized to give Howard County Government any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability for any damage that may result from furnishing information to Howard County Government. I also release Howard County Government and all of its employees from all liability for any damage that may result from Howard County Government's reliance on the information furnished.
2. I understand that I may need to consent to a substance abuse test. I understand that any offer of employment will be contingent upon the results of a substance abuse test and may be contingent upon the results of a physical examination. The results of any such test and/or examination will be held in confidence. Prior to any such examination or test, I agree to release the results of the examination and/or test to Howard County Government.
3. I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by Howard County Government to meet the Immigration Reform and Control Act of 1986 requirements.

If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated.

If Howard County Government offers me employment and I accept that offer, I agree to conform to Howard County Government's policies, rules and regulations. I understand and agree that my employment is at-will except as required by an applicable collective bargaining contract or written agreement, and therefore, my employment, benefits, and compensation can terminate, with or without cause for any legal reason, and with or without notice, at any time, at my option or Howard County Government's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with Howard County Government, unless it is modified by a collective bargaining contract or a specific, express written employment contract which is signed by an authorized officer of Howard County Government and me.

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Signature

Date

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Printed Name