Carroll Soil Conservation District

698J Corporate Center Court Westminster, MD 21157 410-848-8200 Ext. 3



The County Commissioners of Carroll County recognize the rights of all people, including County The County Commissioners of Carroll County recognize the rights of all people, including County employees, to equal opportunity. Discrimination against County employees on the basis of race, color, religion, age, gender, national origin, sexual orientation, marital status, physical or mental disability is strictly prohibited. The Americans with Disabilities Act, Titles I and II, applies to County government employment. If you have questions, suggestions, or complaints, please contact Kimberly L. Frock, Director of Carroll County Government Americans with Disabilities Coordinator for Employment, at the Department of Human Resources (410-386-2129) or MD Relay service 7-1-1/800-735-2258. The mailing address is 225 North Center Street, Westminster, Maryland 21157.

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EMPLOYMENT APPL	<i>ICATION</i>		Carro	oll County is an	Equal Opportunity	Employer
Social Security No.					Date	
Position Applied for:	Cail Concernation Diamen					
Name						
Last	-		First		Middle	
Present AddressStre	et		City		State	Zip
Home/Cell Phone No.			Email Ad	dress		
Vehicle Operators License No.			State	Class	Expires _	
			Is this a C	CDL license? _	Yes	No
Has your license ever been su	spended or revo	ked in any State?	Yes No			No
If yes, indicate which state, da	ate and reason:					
Have you ever been convicted						
Yes Date of conviction	n (year)	No D	Oo not report any	conviction for wl	nich the records have be	een officially expunged.
If yes, please explain.						
Have you previously worked:					ves, when	
Do you have any relatives inc				_		
the County Commissioners?		Yes	•		•	, ,
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If yes,						ationship
How soon can you report to w	/ork?	Ac	ceptable salary	range:		
Educational Data						
Schools Attended	Nan	ne and location of last sc	hool attended		List major course	es taken
Did you successfully complete	e?					
Elementary Yes No						
Junior High Yes No						
Senior High Yes No						
If you did not graduate from h						
school, have you received a G Yes No	ED?					
COLLEGE, UNIVERSITY or OT	THER TRAINING	Major or Sp	ecialty	Degree or C	ertificate received? If y	ves, give title.
Give name and location of College, University or Professional School		g			er semester hours or cre	
Trotessional Sellooi						

Professional Registration

State	Date	Number

Type of Business Reason for Leaving Full-Time Part-Time Title of Position and Duties: Immediate Supervisor: Title: 2. Employer/Firm Address Telephone Date Start Date Finis Type of Business Reason for Leaving Full-Time Part-Time Title of Position and Duties: Immediate Supervisor: Title: 3. Employer/Firm Address Telephone Date Start Date Finis Type of Business Reason for Leaving Full-Time Part-Time Type of Business Reason for Leaving Full-Time Part-Time Type of Position and Duties: Type of Position and Duties: Type of Position and Duties: Immediate Supervisor: Title: Special equipment operated Supervisor: Title: Special equipment operated Supervisor Only - (Please do not list relatives)		tely as possible starting with your present iteration must be fully completed whether					
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Title of Position and Duties: Immediate Supervisor: Title:		Telephone	Date Start	Date Finish			
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Date Signature							
	Date	Signature					
May we contact your present employer?	Aay we contact your present empl	loyer?					

EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION INFORMATION

The information requested below is needed to meet the requirements of certain federal regulatory agencies. It will be seen and tabulated by the Department of Human Resources. This section is separated from your application when received by the Department of Human Resources. This information is confidential and will **not** be used in any employment decision or in determining a test score. It will not be maintained in your personnel file if you become an employee.

Please complete all items and return this form with your application.

Name:		Date:		
Position Applied For:				
Sex: M F_	(Give Exact Title)			
Date of Birth:	Day			
Race/Ethnic Identification:	Day	Cai		
	White			
	Black or	African American		
	Hispanic	or Latino		
	Asian			
	Native Hawaiian or Other Pacific Islander			
	American Indian or Alaska Native			
	Two or n	nore races		
How did you learn about this	job opportunity?			
Newspaper (Give Name	of Newspaper):			
College Placement On	ffice Co	ounty Bulletin Board	Carroll County Employee	
Job Hotline	In	ternet	BERC/Agency Referral	
Job Fair	Ot	ther Publications		

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