

# 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 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.

## EMPLOYMENT APPLICATION

*Carroll County is an Equal Opportunity Employer*

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Position Applied for: Soil Conservation Planner

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Home/Cell Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Vehicle Operators License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

Is this a *CDL* license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your license ever been suspended or revoked in any State? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate which state, date and reason: \_\_\_\_\_

Have you ever been convicted of a crime (excluding minor traffic violations)? Conviction of a crime will not necessarily bar employment.

Yes \_\_\_\_\_ Date of conviction (year) \_\_\_\_\_ No \_\_\_\_\_ Do not report any conviction for which the records have been officially expunged.

If yes, please explain. \_\_\_\_\_

Have you previously worked for Carroll County Commissioners? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when \_\_\_\_\_

Do you have any relatives including in-laws, members of your immediate family, and members of your extended family currently working for the County Commissioners? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, \_\_\_\_\_  
Name Department/Bureau/Agency Relationship

How soon can you report to work? \_\_\_\_\_ Acceptable salary range: \_\_\_\_\_

### Educational Data

Schools Attended Did you successfully complete?	Name and location of last school attended	List major courses taken
Elementary Yes <input type="checkbox"/> No <input type="checkbox"/>		
Junior High Yes <input type="checkbox"/> No <input type="checkbox"/>		
Senior High Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you did not graduate from high school, have you received a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE, UNIVERSITY or OTHER TRAINING Give name and location of College, University or Professional School	Major or Specialty	Degree or Certificate received? If yes, give title. If No, number semester hours or credits completed.

### Professional Registration

State \_\_\_\_\_ Date \_\_\_\_\_ Number \_\_\_\_\_

Give employment record as completely as possible **starting with your present or last position** not to exceed past 15 years. Attach additional sheets if necessary. **Note: This application must be fully completed whether or not a resume is submitted.**

1. Employer/Firm	Address		
	Telephone	Date Start	Date Finish
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 Finish
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 Finish
Type of Business	Reason for Leaving	Full-Time	Part-Time

Title of Position and Duties:

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Special equipment operated \_\_\_\_\_

**Business or Professional References Only – (Please do not list relatives)**

Name	Address	Telephone #	Occupation	Years Known
1.				
2.				
3.				

Make sure you answer all the questions on this form. If you do not fill it out completely, it may result in the rejection of this application.

**“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.”**

I have read and acknowledge the above statement regarding Maryland State Code and lie detector tests.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize Carroll County to investigate any and all statements made in this application. I also authorize my current or previous employers to verify the statements made in this application and to provide other employment data relating to my job performance, as requested. I authorize Carroll County to contact my references.

Falsification or misrepresentation of the information submitted on this application could result in the disqualification of the applicant from further consideration for employment, or if the applicant has been hired, could result in his/her discharge from employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

# 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: \_\_\_\_\_  
(Give Exact Title)

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Race/Ethnic Identification:

- \_\_\_\_\_ White
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Two or more races

How did you learn about this job opportunity?

- Newspaper (Give Name of Newspaper): \_\_\_\_\_
- College Placement Office       County Bulletin Board       Carroll County Employee
- Job Hotline       Internet       BERC/Agency Referral
- Job Fair       Other Publications \_\_\_\_\_

**Carroll County is an Equal Opportunity Employer**

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.