

**COMMISSIONERS FOR SOMERSET COUNTY**

11916 SOMERSET AVENUE, ROOM 111  
PRINCESS ANNE, MARYLAND 21853  
TELEPHONE 410-651-0320, FAX 410-651-0366

**COMMISSIONERS**  
REX SIMPKINS, PRESIDENT  
CHARLES F. FISHER, VICE-PRESIDENT  
CRAIG N. MATHIES, SR.  
RANDY LAIRD  
JERRY S. BOSTON



**COUNTY ADMINISTRATOR-CLERK**  
RALPH D. TAYLOR

**COUNTY ATTORNEY**  
KIRK G. SIMPKINS

**APPLICATION FOR EMPLOYMENT WITH  
SOMERSET COUNTY, MARYLAND**

**Completely fill out the application and sign the back of the application before it is returned to our office.** Also, attached with the application for employment are a Job Description and an Authorization for Release of Information form.

**The Authorization for Release of Information form must be notarized before it is returned to our office.** **THE APPLICATION WILL NOT BE ACCEPTED UNLESS THE AUTHORIZATION FOR RELEASE OF INFORMATION FORM IS SIGNED AND NOTARIZED.**

Should you have any questions regarding this application, please do not hesitate to contact our office.

Thank you for your interest in employment with Somerset County.

# APPLICATION FOR EMPLOYMENT

SOMERSET COUNTY COMMISSIONERS OFFICE  
APPLICATION FOR EMPLOYMENT  
Received By: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever filed an application with us before? .....  Yes       No

    If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes       No

    If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes       No

Are you currently employed? .....  Yes       No

May we contact your present employer? .....  Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment. ....*  Yes       No

Date available for work \_\_\_/\_\_\_/\_\_\_    What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time      (please indicate 1 2 3 shift)  
     Part-Time      (please indicate Mornings Afternoon Evenings)  
     Temporary      (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes       No

Can you travel if a job requires it? .....  Yes       No

Have you been convicted of a felony within the last five years? .....  Yes       No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  YES  NO

## REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)



**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Human Resources  
Somerset County Commissioners  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Last First Middle Race Sex DOB

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Somerset County Sheriff's Office and/or any authorized personnel of the Human Resources Department whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institution, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel represent or have represented myself or another person in any case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Number & Street City State Zip Code

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

OFFICIAL SEAL