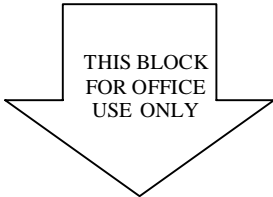


PRINCE GEORGE'S COUNTY GOVERNMENT EMPLOYMENT APPLICATION

Office of Personnel
1400 McCormick Dr. Rm. 159
Largo, Maryland 20774



Name: _____	Remarks: _____	Supplemental: _____	Trkg. # _____	I.R.C.A. I.D. Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
I.R.C.A. Authorization to Work: _____	Authorized <input type="checkbox"/> Not Authorized <input type="checkbox"/>	SCORE DATE BY _____	WRITTEN _____	ORAL PERFORMANCE _____
I.R.C.A. I.D. Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Authorized <input type="checkbox"/> Not Authorized <input type="checkbox"/>	TR & EDUC _____	PREFERENCE _____	AVERAGE _____

POSITION APPLIED FOR: _____

ANNOUNCEMENT NUMBER: _____

SOCIAL SECURITY #: _____

NAME: _____
PLEASE PRINT LAST FIRST MIDDLE

ADDRESS _____
STREET

_____ CITY STATE ZIP CODE COUNTY

TELEPHONE: HOME _____ BUSINESS _____
Area Code Area Code

A. Did you graduate from high school, or will you graduate within the next six months? Name and location (City and State) of last high school attended _____

Yes	Month/Year	No	Highest Grade Completed
<input type="checkbox"/>		<input type="checkbox"/>	

High school course: Academic Business General Vocational

Do you have a high school equivalency diploma? Yes No

If yes, date received _____ Issuing Agency _____

B. College or University Give name & location	Major Field of Study	Dates Attended		Degree & Date	Credits Completed	
		From	To		Sem. Hrs.	Qtr. Hrs.

Relevant college subjects	Credits Completed		Relevant college subjects	Credits Completed	
	Sem. Hrs.	Qtr. Hrs.		Sem. Hrs.	Qtr. Hrs.

Other Training (including military schools) Give name, location & subject	Did you finish course?		Dates Attended	
	Yes	No	From	To
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ALL APPLICANTS PLEASE FILL IN THE FOLLOWING INFORMATION

Are you a current Prince George's County Merit System Employee?
 Yes No

If you have worked for Prince George's County previously, please enter date of separation

WORK EXPERIENCE

LIST JOBS STARTING WITH PRESENT AND WORK BACK TO BEGINNING OF EMPLOYMENT

Include your military or merchant marine service in separate blocks in its proper order and describe major duty assignments. Experience acquired more than 15 years ago may be summarized in one block if it is not applicable to the type of position applied for. Account for periods of unemployment in separate blocks. In examinations in which experience is a factor, credit will be granted for any civic, welfare, military, religious, and organizational activity which you have performed either with or without compensation. You may report such experience at the end of your employment history if you feel that it represents qualifying experience for the position(s) for which you are applying. Show actual time spent in each activity. Estimate number of hours worked per week in the space provided if you were on part-time work.

A RESUME MAY BE INCLUDED GIVING A MORE DETAILED DESCRIPTION OF WORK PERFORMED OR A LISTING OF ADDITIONAL JOBS. IF YOU SUBMIT A RESUME TO SUPPLEMENT YOUR WORK HISTORY, YOU MUST STILL ANSWER THE QUESTIONS ON THIS FORM ABOUT DATES, SALARIES, TITLES AND REASON FOR LEAVING.

PRESENT OR MOST RECENT POSITION:	Dates of Employment Month/Year From _____ To _____	Last Salary \$ _____ per _____ Year _____ Month	Avg. Hrs. Per Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer Name _____			
Address _____			
Supervisor's name and title _____		Telephone _____	
Your title _____	Describe your work:		
Reason for Desiring to Leave:			

Number and types of positions you supervise(d):

FORMER POSITIONS:	Dates of Employment Month/Year From _____ To _____	Last Salary \$ _____ per _____ Year _____ Month	Avg. Hrs. Per Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer Name _____			
Address _____			
Supervisor's name and title _____		Telephone _____	
Your title _____	Describe your work:		
Reason for Desiring to Leave:			

Number and types of positions you supervise(d):

FORMER POSITIONS:	Dates of Employment Month/Year From _____ To _____	Last Salary \$ _____ per _____ Year _____ Month	Avg. Hrs. Per Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer Name _____			
Address _____			
Supervisor's name and title _____		Telephone _____	
Your title _____	Describe your work:		
Reason for Desiring to Leave:			

Number and types of positions you supervise(d):

USE THIS SPACE FOR ADDITIONAL OR EXPLANATORY INFORMATION
not listed elsewhere on this application. Refer to appropriate item number.



ITEM
NO.:

NOTE: UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY U.S. CITIZENS AND
LAWFULLY AUTHORIZED ALIEN WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE
REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES.

9. Have you ever been convicted of a felony? Yes No
If you answer "Yes", give details in space provided above showing (1) Date; (2) Charge; (3) Place (4) Court; and (5) Action Taken;
NOTE: Convictions or discharges do not necessarily disqualify you from employment. Each case will be considered fairly on its merits and
after full consideration of the applicant's views.

10. Within the last five years, have you been fired for any reason? Yes No

11. Within the last five years, have you quit a job after being notified that you would be fired? Yes No
If "Yes", give details in space provided above.

The following notice applies to everyone except applicants for law enforcement officer positions as defined by Article 27, Section 727, or
any employee of the any enforcement agency of the State of Maryland, or any county, incorporated city or town, or other municipal corporation.

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR
PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR
TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO
VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00."

I hereby acknowledge that I have read and I understand the polygraph notice written above. I also hereby affirm that this application contains
no willful misrepresentations or falsifications and that the information contained herein is true and accurate to the best of my knowledge. I
understand that should investigation at any time disclose any misrepresentation or falsification of information contained in this document, my
application will be disapproved and my name removed from any further consideration for employment. I also understand that should I be
offered employment and accept a position with Prince George's County and it is subsequently discovered that the information provided herein is
false, I may be terminated from employment pursuant to Section 16-193(c)(1)(i)(4) of the Personnel Law of Prince George's County.

Date Signed: _____ Signature: _____

PRINCE GEORGE'S COUNTY GOVERNMENT TRACKING FORM

Please type or print.

Announcement Number

Social Security Number

Office Use Only

Code	Date

Name: _____
Last First Middle

Street: _____

City: _____ State Zip

Home Telephone

Work Telephone

PLEASE NOTE: The following information is used for statistical and record keeping purposes only. This information is voluntary/confidential and will not subject applicant to adverse treatment.

Sex (check one)

- M Male
F Female

Race (check one)

- W White (Caucasian)
M Native American
S Hispanic (including persons of Mexican, Puerto Rican, Cuban or other Spanish origin)

Date of Birth

- B African American
O Asian or Pacific Islanders

Residence (check one)

- A Prince George's County
B Charles County
C Calvert County
D Anne Arundel County
M Other (specify)

- E Howard County
F Montgomery County
G St. Mary's County
H District of Columbia

- I Arlington County
J Fairfax County
K Fairfax City
L Alexandria

THE PRINCE GEORGE'S COUNTY GOVERNMENT

This acknowledges receipt of your application for the position of

with the Prince George's County Government.

THANK YOU

Name

Street

City

State

Zip

[Click here to save the form to your local machine.](#)