PRINCE GEORGE’S COUNTY GOVERNMENT

EMPLOYMENT APPLICATION

Office of Human Resources

1400 McCormick Dr. Rm. 159

Largo, Maryland 20774



THIS BLOCK

FOR OFFICE

USE ONLY

POSITION APPLIED FOR:

ANNOUNCEMENT NUMBER:

SOCIAL SECURITY #: 579-13-3539

NAME: Johnson￼￼   ￼￼ anelle    ￼

PLEASE PRINT LAST FIRST MIDDLE

ADDRESS 2508 Saltbush Place

STREET

                 

CITY STATE ZIP CODE COUNTY

TELEPHONE: HOME             BUSINESS              
 Area Code Area Code

A. Did you graduate from high school, or will Name and location (City and State)

you graduate within the next six months? of last high school attended

Yes Month/Year No Highest Grade Completed

            

High school course: Academic  Business  General  Vocational

Do you have a high school equivalency diploma? Yes  No

If yes, date received       Issuing Agency

Credits Completed

B. College or University Major Field Dates Attended Degree Sem. Qtr.

Give name & location of Study From To & Date Hrs. Hrs

                                   

           

Credits Completed Credits Completed

Sem. Qtr. Sem. Qtr.

Relevant college subjects Hrs. Hrs. Relevant college subjects Hrs. Hrs.

                             

                             

                             

Full-time school?  Part-time course?

Other Training (including military schools) Did you finish course? Dates Attended

Give name, location & subject Yes No From To

             

             

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

P.G.C. FORM #501E (7/2015)

**SKILLS-AVAILABILITY**

1. I am interested in:  Permanent  Temporary

Full-Time  Full-Time

Part-Time  Part-Time

2. Birth Date       Height       Weight

(Complete Only for Correctional Officer, Deputy Sheriff and Police Officer)

3. Special qualifications and skills (licenses: skills with machines; patent or inventions; typing or shorthand speed; memberships in professional or scientific societies, etc.)

4. What is the lowest entrance salary you will accept?

5. If you have a valid driver’s license, complete the 6. Will you accept employment anywhere in Prince George’s

following: County? Yes  No

License No.       If not, in what areas will you accept employment?

Issued by (state)       1.

2.

7. In case of emergency please notify: 3.

     

Name Phone

**REFERENCES**

8. Do you have any objection to our contacting your present employer?  Yes  No

If yes, please state the reason

REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Work Experience.

|  |  |  |
| --- | --- | --- |
| FULL NAME | PRESENT BUSINESS OR HOME ADDRESS  (Number, Street, City, State and Zip Code) | BUSINESS OR OCCUPATION |
|  |  |  |
|  |  |  |
|  |  |  |

**PREFERENCES**

In order to be eligible for veteran’s preference, applicants must have been a resident of the State of Maryland for at least the five (5) years preceding the date of application. Applicants must subject, with the application, a form DD214 and a signed statement listing all places of residence for the past five (5) years. In addition, applicants seeking preference as a Disabled Veteran must submit, with application, a certificate issued by the Veteran’s Administration showing disability compensation during the past six (6) months. An unmarried widow of a veteran must present proof of marriage, to, and death of, the veteran.

Check here if you are applying for Veteran’s Preference (Forms must be attached).

Some persons may be eligible for preference in employment among eligible applicants under the category of “displaced homemaker”. Generally, in order to qualify, you must meet the following criteria:

1. Be a resident of Maryland for at least five years and currently a resident of Prince George’s County.

2. Be 35 years of age or older.

3. Be substantially unemployed for the last five years because of family obligations, and

4. Have recently lost your primary source of income due to separation, divorce, death, or disability of a family member; or lost eligibility in the Aid for Families with Dependent Children Program.

Check here if you meet all of the above criteria for Displaced Homemaker Preference. If appointed, appropriate proof will be required.

**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 is 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 Last Salary Avg. Hrs.

Month/Year Per Week

Employer Name      From      To      $      per  Year

Month  Full-Time

Address        Part-Time

Supervisor’s name and title       Telephone

Your title       Describe your work:

Reason for Desiring to Leave:

Number and types of positions you supervise(d):

PRESENT OR MOST RECENT POSITION: Dates of Employment Last Salary Avg. Hrs.

Month/Year Per Week

Employer Name      From      To      $      per  Year

Month  Full-Time

Address        Part-Time

Supervisor’s name and title       Telephone

Your title       Describe your work:

Reason for Desiring to Leave:

Number and types of positions you supervise(d):

PRESENT OR MOST RECENT POSITION: Dates of Employment Last Salary Avg. Hrs.

Month/Year Per Week

Employer Name      From      To      $      per  Year

Month  Full-Time

Address        Part-Time

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

10. 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 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) | Race (check one) | Date of Birth |  |  |  |

M  Male W  White (Caucasian) B  African American

F  Female M  Native American O  Asian or Pacific Islanders

S  Hispanic (including persons of Mexican, Puerto Rican, Cuban or other Spanish origin)

Residence (check one)

A  Prince George’s County E  Howard County I  Arlington County

B  Charles County F  Montgomery County J  Fairfax County

C  Calvert County G  St. Mary’s County K  Fairfax City

D  Anne Arundel County H  District of Columbia L  Alexandria

M  Other (specify)

**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

P.G.C. Form #1479E (Rev. 07/2015)