

ST. MARY'S COUNTY METROPOLITAN COMMISSION

23121 Camden Way

California, MD 20619

Phone (301) 737-7400 Fax (301) 737-7459

www.metcom.org

e-mail mchr@metcom.org

APPLICATION FOR EMPLOYMENT

PERSONAL DATA (Please type or print)

Date _____ e-mail address _____

Name _____ Telephone No. _____

Present Address _____

Cell Phone No. _____ Are you 18 years of age or older? () Yes () No

Can you, after selection for employment, submit verification of your legal right to work in the United States? () yes () no

TYPE OF WORK DESIRED

Positions you are applying for: 1. _____ 2. _____ 3. _____

Would you desire to work () Full-Time () Part-Time

What is the lowest pay you will accept? _____

Date available for employment? _____

Do you have a valid driver's license? () Yes () No Class: _____ Endorsements: _____

List all other professional licenses, registrations, and certificates: _____

List any special skills you possess that would be appropriate for the job for which you are applying: (i.e., computer skills, extra curricular experience)

EDUCATION AND TRAINING

Schools	Name	Location	No. Yrs. Attended	Graduated? Yes/No	Type of Degree (AA, BA, BS, MA, PhD)	Major Subject
High School						
College						
Graduate						
Vocational Training						
Other						

MILITARY SERVICE

Branch of Service:	Rank:	Dates of Duty:	Duties (MOS):
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EMPLOYMENT EXPERIENCES (List all employment in chronological order, with the present employment first) Complete this section even if you are submitting a resume in addition to this application. **INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.** You may attach additional sheets as necessary. Please include any information that may be relevant to the position for which you are applying.

Dates of Employment	Employer: Company Name Address/Telephone No.	Supervisor: Name/Title	Your Job Title, Duties & Responsibilities DO NOT WRITE "SEE RESUME"	Salary	Reason for Leaving
1.					
2.					
3.					
4.					
5.					

REFERENCES (List three persons who are not related to you and who have knowledge of your qualifications)

Name/Title	Company Name & Address	Telephone Number
1.		
2.		
3.		

TO BE COMPLETED BY ALL APPLICANTS

PLEASE READ CAREFULLY:

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT:

MetCom does not discriminate on the basis of race, marital status, color, religion, sex, age, national origin, physical or mental handicap, political affiliation, or other non-merit factors.

DRUG & ALCOHOL FREE WORKPLACE POLICY:

Pre-employment testing for controlled dangerous substances (CDS) shall be required, after tentative selection, as part of the pre-employment physical, for all new hires. Post employment random testing for CDS and alcohol is required for safety sensitive positions, and all Commission employees are subject to reasonable suspicion testing for CDS and alcohol.

VERIFICATION STATEMENT:

I verify that the information given by me in this application is true and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with the St. Mary's County Metropolitan Commission, or if hired I may be discharged upon discovery of such false statement(s) or omission(s). In consideration of my employment, I agree to abide by the rules and regulations of the St. Mary's County Metropolitan Commission, and I understand that these rules and regulations, and any personnel manual, do not constitute a contract of employment.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my option or the option of the St. Mary's County Metropolitan Commission. I further understand that no supervisor or representative of the St. Mary's County Metropolitan Commission has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature

Date

RELEASE STATEMENT; REFERENCE/COLLECTION OF INFORMATION FROM PAST EMPLOYERS:

I understand that my employment with the St. Mary's County Metropolitan Commission may be subject to a reference/background check. I hereby authorize the St. Mary's County Metropolitan Commission to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed reference(s) or any other person(s) who can verify any information submitted to the St. Mary's County Metropolitan Commission in support of my application for employment. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records.

Signature

Date

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE STATEMENT:

The St. Mary's County Metropolitan Commission does not discriminate on the basis of disability in employment or provision of services, programs or activities. Information concerning the Americans with Disabilities Act is available from the Human Resources Director, (301) 737-7400. **Persons needing auxiliary aids and services for communication should contact** the Human Resources Office, or write to St. Mary's County Metropolitan Commission, 23121 Camden Way, California, MD 20619 at least one (1) week in advance of the date the special accommodation is needed.

Signature

Date

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.

RETURN THIS APPLICATION TO:
HUMAN RESOURCES OFFICE
ST. MARY'S COUNTY METROPOLITAN COMMISSION
23121 Camden Way
California, Maryland 20619
Phone (301) 737-7400 Fax (301) 737-7459

St. Mary's County Metropolitan Commission

APPLICANT INFORMATION FORM

The St. Mary's County Metropolitan Commission is an Equal Opportunity Employer and accordingly monitors and reviews its hiring practices and policies with respect to non-discrimination in recruitment and selection. Completion of this form is not required to be considered for employment. The information requested below is optional and confidential. This information will not be considered in the selection process of the job position for which you are applying. This form will be detached from the application upon submission to the Human Resources Department. The information obtained below will be used to conform to Equal Employment Opportunity Commission guidelines concerning application statistics.

Name (optional)

Date

POSITION or type of work for which you are applying: _____

Gender: Male Female Military Veteran: yes no Disabled: yes* no

RACE/ETHNIC GROUP:

- Caucasian:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin.
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.
- Asian American:** A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Hawaiian/Pacific Islander:** A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races**
- Other**

How did you find out about this position? _____

An Equal Opportunity Employer

We welcome applications from qualified persons without regard to race, color, gender, age, marital status, sexual orientation, pregnancy, national origin, religion or belief, political affiliation or opinion, disability or any other legally protected or non-merit factor.