

Montgomery County Government
APPLICATION FOR EMPLOYMENT

Montgomery County Government is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Position Applied for: _____ **Date Available:** _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.

Were you previously employed by us? Yes No

Have you ever served in the Armed Services of the United States? Yes No

BRANCH AND DATES OF SERVICES: _____

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Montgomery County Government is at-will, meaning that I or Montgomery County Government may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Montgomery County Government to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Montgomery County Government, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Montgomery County Government requires the successful completion of a pre-employment physical, drug screen, and background check.

Signature of Applicant: _____ **Date Signed:** _____