

Anne Arundel County Board of Elections Temporary Employment Application

PRINT OR TYPE ALL INFORMATION

Please read the position description for the position that you are applying for before completing this application. You must meet all of the position requirements to be considered.

Applying For Job Title:						
Available for employment which is (check):	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Temporary

NAME AND CONTACT INFORMATION

Name:			
<i>Last</i>	<i>First</i>	<i>MI</i>	

Address:			
<i>Street</i>	<i>Apt. #</i>		
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>

Home Phone:		Cell Phone:	
Work Phone:			
Email Address:			

EDUCATION AND TRAINING

Do you have a high school diploma or GED?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not, what is the highest grade that you completed?				
School:				
Address: (City, State)				
Dates attended:				
	<i>From</i>	<i>To</i>		

College and Graduate School Education

Name of School:						
Location:						
Dates attended:			Major:			
	<i>From</i>	<i>To</i>				
# of Credits Completed:		Degree Earned?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Type of Degree:						

Name of School:						
Location:						
Dates attended:			Major:			
	<i>From</i>	<i>To</i>				
# of Credits Completed:		Degree Earned?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Type of Degree:						

Anne Arundel County Board of Elections Employment Application

Specialized Training or Classes Relevant to the Job

Title of Program/Course(s):			
Dates attended:		# of credits earned:	
Diploma/Certificate Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Company/School:			
Title of Program/Course(s):			
Dates attended:		# of credits earned:	
Diploma/Certificate Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Company/School:			

Please submit a copy of any relevant professional or trade licenses or certificates with this application. For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance, and expiration date.

WORK EXPERIENCE

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. If your title and duties changed during your service in any one organization, indicate such changes clearly and as separate employment. Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.

Job Number 1: (Current or Most Recent)

Name of Employer:			
Employer's Address:			
Type of Business:			
Supervisor's Name:			
Supervisor's Phone Number:			
Your Job Title:			
Do you supervise other employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? <input style="width: 50px;" type="text"/>
Job Titles of Those You Supervise:			
Dates of Employment (From Month/Year to Month/Year):			
Is your position considered full-time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many hours do you work per week?	<input style="width: 100px;" type="text"/>		
Job Duties:			
Reason for Leaving:			

Anne Arundel County Board of Elections Employment Application

Job Number 2:

Name of Employer:					
Employer's Address:					
Type of Business:					
Supervisor's Name:					
Supervisor's Phone Number:					
Your Job Title:					
Did you supervise other employees?		Yes		No	How many?
Job Titles of Those You Supervised:					
Dates of Employment (From Month/Year to Month/Year):					
Was your position considered full-time?		Yes		No	
How many hours did you work per week?					
Job Duties:					
Reason for Leaving:					

Job Number 3:

Name of Employer:					
Employer's Address:					
Type of Business:					
Supervisor's Name:					
Supervisor's Phone Number:					
Your Job Title:					
Did you supervise other employees?		Yes		No	How many?
Job Titles of Those You Supervised:					
Dates of Employment (From Month/Year to Month/Year):					
Was your position considered full-time?		Yes		No	
How many hours did you work per week?					
Job Duties:					
Reason for Leaving:					

Anne Arundel County Board of Elections Employment Application

Have you ever been convicted of any violation of law other than a minor traffic violation?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)

Reform and Control Act of 1986.

You must meet all of the qualifications to be eligible for appointment. Verification will be completed by the appointing authority. You may be tested for illegal drug use.

This information given by me is accurate and complete to the best of my knowledge and belief. I am aware that should the investigation at any time disclose any misrepresentation or falsification, my application will be disapproved. I will not be certified for employment in any position with the Anne Arundel County Board of Elections. I am aware that a false statement is punishable under law by fine, imprisonment, or both.

Signature of Applicant:

Date: