



Anne Arundel County Government Internship Application

Applications are accepted at the Office of Personnel Monday - Friday between the hours of 8:00 a.m. and 4:30 p.m.

Instructions: Answer every question completely. Do not substitute resumes or other kinds of applications for an official Anne Arundel County Government Internship Application. Please type or print clearly using black ink.

Application for intern of: (Specify Department Interest)			
1. Name _____ <i>(Last)</i> _____ <i>(First)</i> _____ <i>(Middle)</i>	2. Social Security Number _____		
3. Address _____ <i>(Number)</i> _____ <i>(Street)</i> _____ <i>(Apt. #)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i>	4. Phone Numbers/E-Mail Address Home Phone: _____ Work Phone: _____ E-Mail: _____		
I understand that I must notify the Office of Personnel of any change in my name, address, phone number or other pertinent information.		5. Whom shall we contact in case of an emergency? Name: _____ Phone: _____	
6. Are you currently a Probationary Employee in the County Classified Service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of hire: _____			
7. Are you an active Anne Arundel County Volunteer Fire Fighter? <input type="checkbox"/> No <input type="checkbox"/> Yes From: _____ To: _____			
8. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		8a. Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____		Number: _____	
Address: _____		State: _____	

9. Name and location of college(s) or university(ies) attended	Total Credit Hours	Major Field	Degree Type	Years Attended	Degree Rec'd

10. Other Training: Describe any specialized training (*trade school, military training, law enforcement training, or specialized schooling*) which you have which may be relevant to this position. Include any licenses and certifications with numbers and expiration dates, if available.

Trade School/Organization Name	Type of Training	Describe	Certificate or License	Expiration Date

11a. Other Skills or Abilities: Please describe your proficiency/skill/ability in the use of computer hardware and software, equipment/tools, or any other special skills or abilities that enhance your qualification for this position. Only include those skills that you currently use or have maintained, and identify how you use those tools.

Specific Skill or Ability	Specific Tool/Equipment/ Hardware/Software	Proficiency Level <i>(Advanced/Intermediate/Beginner)</i>	How Used <i>(Application)</i>

11b. Language Skills: Please describe your proficiency/skill in foreign or sign languages as identified below. For skill level please choose excellent, good or fair under reading, speaking, understanding, and writing:

Language	Reading <i>(Excellent/Good/Fair)</i>	Speaking <i>(Excellent/Good/Fair)</i>	Understanding <i>(Excellent/Good/Fair)</i>	Writing <i>(Excellent/Good/Fair)</i>

12. Experience:
Use the following blocks A and B to provide complete information about your previous jobs **Starting With Your Present or Most Recent Position in Block A.** Include all relevant paid, non-paid, volunteer and military experience. **List Promotions as Separate Jobs.** You must provide all of the information requested for each job you list. If you require more space to answer Blocks A and B, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. Label all additional pages with your **Name, Social Security Number.**

A	Position Title: Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: <i>(Company or Organization)</i>
	Name, Title, and Telephone Number of Immediate Supervisor:	Address of Employer:

Dates of Employment: From _____ To _____ Last Salary _____ Per _____ Type of Business _____ Number of Hours Worked Per Week _____ Number of Employees You Supervised _____ Reason for Wanting to Leave _____ _____ _____	Describe your duties, responsibilities and accomplishments below. Be descriptive.
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B	Position Title: Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: <i>(Company or Organization)</i>
	Name, Title, and Telephone Number of Immediate Supervisor:	Address of Employer:

Dates of Employment: From _____ To _____ Last Salary _____ Per _____ Type of Business _____ Number of Hours Worked Per Week _____ Number of Employees You Supervised _____ Reason for Wanting to Leave _____ _____ _____	Describe your duties, responsibilities and accomplishments below. Be descriptive.
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13. Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? Yes No
Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.

14. Do you have a valid motor vehicle operators license? Yes No
License Number: _____ Class _____ State _____
Is this license a Commercial Driver's License? Yes No Endorsement Code: _____

Where Required By The Announcement, Failure To Provide License Number May Result In Disqualification.

15. Have you ever been convicted of a criminal offense in any court? Yes No
(Exclude expunged convictions unless applying for a law enforcement position)
If yes, give date, place, charge, court and fine, sentence or conviction.

A conviction does not automatically mean that you will not be employed. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made. *(Attach additional sheets, if necessary, and label all additional sheets with Name, Social Security Number and Job Announcement Number.)*

16. Have you ever been fired or asked to resign from a job? Yes No
If yes, give date, name and address of employer, and reason.

A firing or forced resignation does not automatically mean that you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made. *(Attach additional sheets, if necessary, and label all additional sheets with Name, Social Security Number and Job Announcement Number.)*

17. The following notice applies to everyone except applications for Law Enforcement Officer positions as defined by Article 27, Section 727, or any employee of any law 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 Subject To A Fine Not To Exceed \$100."

Signature of Intern _____ Date _____
(Required by Maryland State Law)

I hereby certify that every statement I have made in this application is **True and Complete** to the best of my knowledge. **I understand that any false or incomplete answer may be grounds for not receiving this internship** understand that I may have to pass a physical examination; produce documentation verifying identity and employment in the U.S.; and be fingerprinted as a condition of my employment.

I hereby authorize and fully consent to the disclosure and release to Anne Arundel County, Maryland of any information and documents bearing on my academic history; job performance; and/or other credentials or licenses that may be relevant to the Internship for which this application is made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of Anne Arundel county's acceptance and evaluation of this application, I hereby release and hold harmless Anne Arundel County, Maryland; any school; any present or former employer; and/or any other person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature.

Signature of Intern _____ Date _____

