



**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 (Advance/Intermed/Beginner)	How Used (Application)

**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 Excellent/Good/Fair	Speaking Excellent/Good/Fair	Understanding Excellent/Good/Fair	Writing Excellent/Good/Fair

**12. EXPERIENCE**

Use the following blocks A through D 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 through D, 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 AND JOB ANNOUNCEMENT NUMBER.**

<b>A</b>	<b>POSITION TITLE</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ Name, Title, & Telephone of Immediate Supervisor	Employer ( <i>Company or Organization</i> )  _____ 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	<b>POSITION TITLE</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Name, Title, & Telephone of Immediate Supervisor	Employer ( <i>Company or Organization</i> ) <hr/> Address of Employer
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Dates of employment From _____ To _____ Last Salary _____ per _____ Type of Business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____ _____ _____	Describe your duties, responsibilities and accomplishments below. Be descriptive.
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C	<b>POSITION TITLE</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Name, Title, & Telephone of Immediate Supervisor	Employer ( <i>Company or Organization</i> ) <hr/> Address of Employer
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Dates of employment From _____ To _____ Last Salary _____ per _____ Type of Business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____ _____ _____	Describe your duties, responsibilities and accomplishments below. Be descriptive.
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D	<b>POSITION TITLE</b> Current Position? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Name, Title, & Telephone of Immediate Supervisor	Employer ( <i>Company or Organization</i> ) <hr/> Address of Employer
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Dates of employment From _____ To _____ Last Salary _____ per _____ Type of Business _____ Number of hours worked per week _____ Number of employees you supervised _____ Reason for leaving _____ _____ _____ _____	Describe your duties, responsibilities and accomplishments below. Be descriptive.
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**ANNE ARUNDEL COUNTY  
OFFICE OF PERSONNEL**

Anne Arundel County seeks the following information in order to comply with its obligations under all applicable Equal Employment Opportunity Laws. Individuals are encouraged to complete this form which is detached from the application and used for statistical purposes only. Those who choose not to provide race or sex information will be placed in the largest applicant group. In keeping with Anne Arundel County policy, any individual who knowingly falsifies a race or sex claim is subject to disqualification or termination.

<b>A. How did you first learn about the job for which you are applying? (Please specify one.)</b>	
a. <input type="checkbox"/> Newspaper ( <i>name</i> ) _____ b. <input type="checkbox"/> Job Bulletin ( <i>where posted</i> ) _____ c. <input type="checkbox"/> Federal/State Employment service ( <i>name</i> ) _____ d. <input type="checkbox"/> Community Action Agency ( <i>name</i> ) _____ e. <input type="checkbox"/> Magazine/Journal ( <i>name</i> ) _____ f. <input type="checkbox"/> Walk-in ( <i>where</i> ) _____ g. <input type="checkbox"/> County Employee ( <i>name</i> ) _____ h. <input type="checkbox"/> Notification Postcard _____	i. <input type="checkbox"/> Job Fair/Conference ( <i>where/when</i> ) _____ j. <input type="checkbox"/> College/University/School ( <i>name</i> ) _____ k. <input type="checkbox"/> County Telephone Jobline _____ l. <input type="checkbox"/> Other ( <i>specify</i> ) _____ m. <input type="checkbox"/> Television ( <i>station</i> ) _____ n. <input type="checkbox"/> Radio ( <i>station</i> ) _____ o. <input type="checkbox"/> County Internet Website _____ p. <input type="checkbox"/> Internet Website, Other _____

<b>B. Date of Birth</b> _____ / _____ / _____ mo          day          yr.	<b>C. Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**D. Ethnic Origin**  
 The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin.

**White (Not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (*For example: China, Japan, Korea, the Philippines, and Samoa*)

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

**Anne Arundel County is an Equal Opportunity Employer. Females, Minorities, and Individuals with Disabilities are encouraged to apply.**

**Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Office of Personnel in advance at 410-222-7595.**

THIS APPLICATION CONSISTS OF FIVE PAGES WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.

**RETURN TO:**

**MAIL TO:**

**Anne Arundel County Government  
Office of Personnel  
2660 Riva Road, Heritage Complex  
Annapolis, MD 21401**

**Anne Arundel County Government  
Office of Personnel  
Post Office Box 6675  
Annapolis, MD 21401**

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 APPLICANT \_\_\_\_\_ 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 employing me or for discharging me after my employment.** I 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 Announcement 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 APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION CONSISTS OF FIVE PAGES WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED.