



Anne Arundel County Government Internship Application

Email completed applications to recruiter@aacounty.org or return a physical copy to the Anne Arundel County Office of Personnel located at 2660 Riva Road, Heritage Complex Annapolis, MD 2140 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 _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (Middle) </div>		
3. Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Number) (Street) (Apt. #) </div> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (City) (State) (Zip) </div> <p style="font-size: small;">I understand that I must notify the Office of Personnel of any change in my name, address, phone number or other pertinent information.</p>		4. Phone Numbers/E-Mail Address Home Phone: _____ Work Phone: _____ E-Mail: _____
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: _____		5. Whom shall we contact in case of an emergency? Name: _____ Phone: _____
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 Name: _____ Address: _____		8a. Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____ State: _____

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

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.** 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 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 _____

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.

A. How did you first learn about the job for which you are applying? <i>(Please specify one.)</i>	
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. Date of Birth: _____ / _____ / _____ <div style="text-align: center; font-size: small;"> (Month) (Day) (Year) </div>	C. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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.	
<input type="checkbox"/> White (<i>Not of Hispanic origin</i>) : All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
<input type="checkbox"/> Black (<i>Not of Hispanic origin</i>) : All persons having origins in any of the Black racial groups of Africa.	
<input type="checkbox"/> Hispanic : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> 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. <i>(For example: China, Japan, Korea, the Philippines, and Samoa.)</i>	
<input type="checkbox"/> 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 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.

OFFICE OF EMERGENCY MANAGEMENT

OVERVIEW: Our mission as the Anne Arundel County Office of Emergency Management (OEM) is to ensure that the County Government and general public are prepared for any emergency. We manage the County's response to and recovery from major emergencies and coordinate with the necessary County, State, and Federal agencies.

PURPOSE: OEM seeks to recognize the importance of internship programs in the County and aid students in connecting with emergency management-related careers. This unpaid internship is open to all Anne Arundel County students, grades 11-12, and undergraduate students that are currently enrolled in emergency management or related programs including Anne Arundel County Public Schools (AACPS) Signature Programs and college undergraduate programs.

LOCATION: 7480 Baltimore Annapolis Blvd. Glen Burnie, 21061

WORK HOURS: 8 am - 4:30 pm

If available we may flex the hours to include after-hours events and activities. This will give interns a better understanding of emergency management functions. OEM can provide transportation to and from all out-of-office trips to County facilities or events.

WORK ASSIGNMENTS:

- Assist in the planning and execution of emergency preparedness outreach events including presentations, informational booths, the Emergency Preparedness Expo, and other events as deemed appropriate.
- Assist in the development of communications materials including social media messaging, informational graphics and videos, instructional guides, outreach flyers, and other materials as deemed appropriate.
- Assist in the development and execution of staff training and exercises including fire drills, CRASE active assailant training, Stop the Bleed training, Narcan training, and other training as deemed appropriate.
- Assist in the development of emergency plans including data collection, research, writing, meeting with involved partners, and other responsibilities as deemed appropriate.

If applicable, work assignments will be adjusted based on the interests and career aspirations of the selected intern(s) to provide the most beneficial experience possible. All work assignments will be under the supervision of the internship coordinator or other designated staff member.

APPLICANT INFORMATION

Applicant Name		Date	
Phone Number		Age	
E-mail Address			

If selected, applicants under the age of 18 must apply for a work permit. Visit <https://www.dlrr.state.md.us/labor/wages/empm.shtml> for more information.

School Type	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Homeschool <input type="checkbox"/> College
Name of School (if applicable)	
School Grade (as of September 2023)	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Undergraduate Freshman <input type="checkbox"/> Undergraduate Sophomore <input type="checkbox"/> Undergraduate Junior <input type="checkbox"/> Undergraduate Senior

How many hours are you available to work per week?	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> Other:
Do you have reliable transportation to Glen Burnie?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this internship for school credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there specific requirements/criteria from your school?	<input type="checkbox"/> Yes, if so attach the requirements with your application package. <input type="checkbox"/> No

COMMITMENT

By signing below and if selected, I understand that I am committing to fulfill my responsibilities as an intern for the Anne Arundel County Office of Emergency Management to the best of my abilities. I certify that everything written in this application is accurate to the best of my knowledge.

Applicant Signature

Date

FOR GUARDIAN IF APPLICANT IS UNDER 18:

I have reviewed this application and I authorize my child/legal dependent to participate in the Office of Emergency Management Internship Program.

Guardian Name (Print)

Guardian Signature

Date

"All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, mental or physical disability, genetic information, veteran status, political affiliation, or any other status protected by federal, state, or county law."

MEDIA RELEASE FORM

I hereby grant the Anne Arundel County Office of Emergency Management and Anne Arundel County Government the right to obtain and/or use:

- my photograph, digitalized image, video and/or voice recording
- my child’s photograph, digitalized image, video and/or voice recording

for Anne Arundel County publicity purposes.

I understand that such media and all subsequent uses of that media, including publications, presentations, websites, videos, multimedia productions, and social media posts, become the property of Anne Arundel County and may be disseminated to the public via appropriate media channels.

Anne Arundel County shall be the sole owner of all rights, title, and interests in and to the photographs and recording hereunder, and no one, including myself, shall have any right of action against the county or any other party arising out of existence or any use of the photographs or recordings, regardless of the cause of action that may exist or be alleged.

I certify that I am over 18 years of age and that I have the full legal authority to executive this authorization on my own behalf and/or my child’s behalf.

Applicant Signature

Date

FOR GUARDIAN IF APPLICANT IS UNDER 18:

Guardian Name (Print)

Guardian Signature

Date