

Hourly Position Applied For: _____ Social Security No.: _____
 Name: _____ (Last) (First) (Middle Initial) Phone Number: () _____

Address: _____ (Street) (City) (State) (Zip Code)

References List the names of the persons in a supervisory capacity who know of your performance in your area of expected employment:

NAME	OFFICIAL POSITION	PRESENT AGENCY	TELEPHONE NUMBER
1.			()
2.			()
3.			()

Employment Experience List all employment including all teaching experiences in chronological order, with the present employment first:

Employer (Name, Address and Telephone Number):	Position(s) Held:	
	Dates (Mo./Yr): From ____/____ To ____/____	Total Years or Months:
	Salary or Hourly Wage:	Supervisor:
	Reason for Leaving:	
Employer (Name, Address and Telephone Number):	Position(s) Held:	
	Dates (Mo./Yr): From ____/____ To ____/____	Total Years or Months:
	Salary or Hourly Wage:	Supervisor:
	Reason for Leaving:	
Employer (Name, Address and Telephone Number):	Position(s) Held:	
	Dates (Mo./Yr): From ____/____ To ____/____	Total Years or Months:
	Salary or Hourly Wage:	Supervisor:
	Reason for Leaving:	

Education (List high school, College, and/or vocational training):

School	Location (City, State)	Dates of Attendance	Course of Study	Degree(s) Earned

Please include a resume; or on a separate sheet, list any special skills you possess that would be appropriate for the job for which you are applying. If you are applying for a teaching position, please attach a copy of your current teaching certificate.

Have you ever pleaded guilty, been convicted, fined, imprisoned, or placed on probation for the violation of any law (minor traffic violations for which a fine of \$100 or less was imposed excluded)? Yes No

If YES, please provide complete details on a separate sheet of paper. Include in your explanation the date, charge, place, and action taken against you. A record of conviction does not automatically exclude an applicant from employment considerations.

I understand and agree that if employed, false statements of this application and any addendum to this application shall be considered sufficient cause for termination of my employment or denial of my employment. I hereby knowingly and voluntarily authorize the Board of Education of Carroll County to investigate my past record as may be necessary. I release my employers and all persons whomsoever from any and all liability in connection with the furnishing of said information.

Signature: _____ Date: _____

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 AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature: _____ Date: _____