



Internal Employment Application for Non-Merit Positions  
Washington County Department of Social Services  
122 North Potomac Street  
Hagerstown, Maryland 21740

*This application is used to apply for non-merit (non-State) positions at Washington County Department of Social Services. Benefits and salary for these positions are usually paid through the Housing Authority of Washington County. Please email this application to [Washingtonco.jobs@Maryland.Gov](mailto:Washingtonco.jobs@Maryland.Gov). Using this application for an advertised State merit position will not result in acceptance at the State level.*

*To apply for a State merit position please uses the online application process. The web address is [www.workformaryland.com](http://www.workformaryland.com).*

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**Personal and Contact Information**

Job Title:

Last Name:

First Name:

Middle:

Address:

City:

County:

State:

Zip

Yes No

Primary Phone:

Ok to leave message?

Work Phone:

Ok to leave message?

Alternate Phone:

Ok to leave message?

Email Address:

**Employment Preference**

Available for employment which is?

Full-time

Part-time

Do you have a valid Driver's license?

Yes

For positions requiring a drivers license, please

attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of insurance and expiration date.)

**Veteran's Information:**

Do you seek veteran's preference?

Yes

No

*A copy (not original) of your proof eligibility DD-214 for Veterans Credit must be submitted and completely verified before Veterans Credit will be approved. Proof will only need to be submitted once. Regular State employees do not need to submit proof of eligibility for Veterans Credit. If yes, you must also submit DD Form 214.*

If you answered YES to seeking veteran’s preference, select ONE of the following that best describes your situation:

- I am an honorably discharged veteran
- I am a service –disabled veteran
- I am a former prisoner of war (POW)
- I am a Vietnam veteran
- I am a service-disabled Vietnam veteran
- I am the spouse of a deceased eligible veteran
- I am the spouse of a service-disabled veteran

If you are a veteran, have you been honorably discharged?  Yes  No

Are you fluent in a language other than English? (If required for the job for which you are applying)

Yes  No If yes, please list:

**Education and Training**

Do you have a high school diploma or GED?  Yes  No If no, what is the highest grade you completed?

School:

Address (city, State):

Dates attended: (From)

(To)

Major Course of study:

**College and Graduate School Education**

Name /location of School(s)	Dates Attended	Major	# of Credits Completed	Types of Degree	Degree Earned? (Yes or No)

### Specialized Training or Classes Relevant to the Job

Title of Program/Course(s)	Company /School	Dates Attended	#of credits Earned	Diploma/certificate Received?

### Work Experience

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 ½" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. 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 (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>MoTh/Day/Year</u> ):	Job Titles of Those You Supervise:
	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many hours do you work per week?
Job Duties:	
Reasons For Leaving:	

### Work Experience – continued

Job Number 2: (current or most Recent)	
Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>MoTh/Day/Year</u> ):	Job Titles of Those You Supervise:
	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Moith/Day/Year</u> :		
	How many hours do you work per week?	
Job Duties: .		
Reasons For Leaving:		

Job Number 3: (current or most Recent)		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name, Title and Phone Number:	
Your Job Title:	Do you supervise other employees?	Job Titles of Those You Supervise:
	Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Moith/Day/Year</u> ):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reasons For Leaving:		

Job Number 4: (current or most Recent)		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name, Title and Phone Number:	
Your Job Title:	Do you supervise other employees?	Job Titles of Those You Supervise:
	Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Moith/Day/Year</u> ):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties: .		
Reasons For Leaving:		

YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE SKILLED OR PROFESSIONAL SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS.

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

Yes      No      If yes, give the date, place of conviction, charge and disposition of each case. 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.)

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SMALLER TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

This provision does not apply to applicant for law enforcement positions pursuant to Labor and Employment article, section 3-702 (b) Annotated code of Maryland.

**DATE:**

**SIGNATURE OF APPLICANT:**

Typed signature is acceptable for emailed applications.