

LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MARYLAND

16 North Main Street, Bel Air, Maryland 21014
410.638.3028 410. 879.6370 Fax: 410.638.4970

APPLICATION FOR EMPLOYMENT

This Application Must Be Typed Or Printed In Ink – Attach Additional Sheets if Necessary

NAME: _____ **SOCIAL SEC. #:** _____
(LAST NAME) (FIRST NAME) (MIDDLE)

PRESENT ADDRESS: _____

TELEPHONE #: _____

To be Completed by Applicants Applying for Positions Which Require a Valid Driver's License
(Please Attach a Copy of Your Driver's License)

DRIVER'S LIC. #: _____ **STATE:** _____ **CLASS:** _____ **EXPIRES:** _____

Is this a CDL Driver's License? ☐ Yes ☐ No

If Yes, Please List All Endorsements: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No

If Yes, Please Give Nature of Crime(s) & Year(s) of Conviction(s): _____

ARE YOU CURRENTLY EMPLOYED BY A COUNTY, STATE OR LOCAL LAW ENFORCEMENT AGENCY? ☐ Yes ☐ No

EDUCATION:

ARE YOU A HIGH SCHOOL GRADUATE? ☐ Yes ☐ No

NAME OF HIGH SCHOOL: _____

HIGH SCHOOL EQUIV. CERT. OR GED #: _____ **STATE WHICH GRANTED CERT./GED:** _____

LIST EACH PROFESSIONAL/TECHNICAL LICENSE, THE AUTHORIZING STATE AND DATE OF EXPIRATION: _____

LIST COLLEGE, TECHNICAL SCHOOL OR OTHER ADVANCED TRAINING:

NAME	FROM (Month/Year)	TO (Month/Year)	DEGREE (B.A., B.S., M.A., Major)

MILITARY SERVICE:

BRANCH: _____ **TYPE DISCHARGE:** _____

YEARS SERVED: From: _____ To: _____ **RANK AT DISCHARGE:** _____

Primary/Secondary MOS: _____ **Are you claiming Veteran's Preference?** ☐ Yes ☐ No

(If Yes, you must attach a copy of either your Certificate of Honorable Discharge, your Certificate of Satisfactory Completion of Military Service or your VA Certificate to the Application at the time of submittal.)

HARFORD COUNTY LIQUOR CONTROL BOARD IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

(If Mailing Application with Resume, be Sure to Affix Adequate Postage to Ensure Delivery)

AUGUST 2018

EMPLOYMENT HISTORY

INSTRUCTIONS: Please Read These Instructions Carefully. In Order To Be Considered For Employment, All Information Must Be Completed Accurately. You May Use Additional Sheets of Paper if Necessary.

1. LIST THE NAME AND ADDRESS OF ALL YOUR PAST AND CURRENT EMPLOYERS --- STARTING WITH THE MOST CURRENT EMPLOYER FIRST.
2. PROVIDE THE NAMES OF YOUR IMMEDIATE SUPERVISOR(S) IN THOSE PAST AND CURRENT POSITIONS.
3. LIST ACCURATE MONTHS/DATES OF EMPLOYMENT FOR EACH SUCH PAST AND CURRENT EMPLOYER.

EMPLOYER NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE #: _____ NAME & TITLE
OF SUPERVISOR: _____

SALARY: _____ EMPLOYED FROM: _____ TO: _____
(MONTH/YEAR) (MONTH/YEAR)

JOB TITLE AND DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? ☐ Yes ☐ No

EMPLOYER NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE #: _____ NAME & TITLE
OF SUPERVISOR: _____

SALARY: _____ EMPLOYED FROM: _____ TO: _____
(MONTH/YEAR) (MONTH/YEAR)

JOB TITLE AND DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? ☐ Yes ☐ No

EMPLOYMENT HISTORY (Continued)

EMPLOYER NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE #: _____ **NAME & TITLE OF SUPERVISOR:** _____

SALARY: _____ **EMPLOYED FROM:** _____ **TO:** _____
(MONTH/YEAR) (MONTH/YEAR)

JOB TITLE AND DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? ☐ Yes ☐ No

DESCRIBE ANY SIGNIFICANT VOLUNTEER WORK WHICH MAY BE USED IN QUALIFYING YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING. LIST APPLICABLE DATES AND PERSON(S) TO CONTACT FOR REFERENCES.

LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION INCLUDING SPECIAL SKILLS SUCH AS OPERATION OF OFFICE EQUIPMENT, COMPUTERS, ETC.

PLEASE INDICATE THE SOURCE FROM WHICH YOU LEARNED OF THIS POSITION:

☐ Newspaper (Name) _____ ☐ County Employee
☐ Bulletin Board (Posted Where) _____ ☐ Other (Specify) _____

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 SIMILAR TEST.

AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.

APPLICANT SIGNATURE: _____ **DATE:** _____

CONSENT FOR MEDICAL TESTING

I HEREBY CONSENT TO MEDICAL TESTING INCLUDING BUT NOT LIMITED TO GIVING URINE, BREATH AND/OR BLOOD/SALIVA SAMPLE(S) TO BE USED FOR DRUG AND ALCOHOL ANALYSIS.

I AUTHORIZE THE RELEASE OF ANY URINE, BREATH AND/OR BLOOD/SALIVA SAMPLE(S) AND THE RESULTS OF ANY TESTS AND EXAMINATION PERFORMED THEREON TO THE MEDICAL OFFICER, THE PERSONNEL OFFICER AND ANY DOCTOR, MEDICAL PERSONNEL, HOSPITAL, MEDICAL CENTER, CLINIC, ETC., OR ANY OF ITS REPRESENTATIVES WITH WHOM THEY MAY CHOOSE TO CONSULT REGARDING THE SAMPLE TEST OR EXAMINATION RESULTS, AND I HEREBY RELEASE MY EMPLOYER AND ITS AGENTS, INCLUDING, BUT NOT LIMITED TO, THE PERSONNEL DIRECTOR, AND ANY DOCTOR WITH WHOM THEY CONSULT, FROM ANY AND ALL LIABILITIES ARISING FROM THE RELEASE OR USE OF THE INFORMATION DERIVED FROM OR CONTAINED IN MY PHYSICAL EXAMINATION AND TEST RESULTS.

I GIVE THIS CONSENT VOLUNTARILY AND OF MY OWN FREE WILL, WITHOUT BEING SUBJECT OF ANY THREAT OF HARM OR PROMISE OF BENEFIT.

APPLICANT'S NAME: _____

SIGNATURE: _____

DATE: _____ EMPLOYEE #: _____

APPLICANT INFORMATION

THE FOLLOWING INFORMATION IS VOLUNTARY:

The information requested below is requested to meet the requirements of certain federal agencies and will be seen and tabulated by the Administrator and/or Board Members of the Harford County Liquor Control Board only. It is confidential information and will not be used in any employment decision.

POSITION APPLIED FOR: _____
(JOB TITLE AS LISTED ON FRONT OF APPLICATION)

SEX: ☐ Male ☐ Female **DATE OF BIRTH:** _____

RACE/ETHNIC INFORMATION: (Check One)

- ☐ **WHITE** (Not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.)
- ☐ **BLACK** (Not of Hispanic origin. A person having origins in any of the of the Black racial groups of Africa.)
- ☐ **HISPANIC** (A person of Puerto Rican, Mexican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.)
- ☐ **ASIAN or PACIFIC ISLANDER** (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. Examples: China, Japan, Korea, the Philippines, Samoa.)
- ☐ **AMERICAN INDIAN or ALASKAN NATIVE** (A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community recognition.)

HANDICAP or DISABILITY (if any): _____

PLEASE LIST THREE (3) PERSONAL REFERENCES NOT RELATED TO YOU:

NAME: _____ TELEPHONE #: _____

ADDRESS: _____

NAME: _____ TELEPHONE #: _____

ADDRESS: _____

NAME: _____ TELEPHONE #: _____

ADDRESS: _____

WHOM SHOULD WE CONTACT IN THE EVENT OF AN EMERGENCY? Please Give Home Number or Work Number if the Party to be Notified is not Available at Home.

(NAME) (TELEPHONE NUMBER)

(RELATIONSHIP TO APPLICANT)

PLEASE LIST A TELEPHONE NUMBER WHERE WE CAN REACH YOU TO SCHEDULE AN INTERVIEW AND WHAT HOURS WE MAY CALL.

(TELEPHONE NUMBER) (HOURS WE MAY CALL)

Please READ carefully before signing. If your name has changed since your employment in other places, please provide us with the name used at those places of employment. PRINT OR TYPE YOUR NAME AS WELL AS SIGNING YOUR LEGAL SIGNATURE.

I AUTHORIZE THE HARFORD COUNTY LIQUOR CONTROL BOARD TO INVESTIGATE ANY AND ALL STATEMENTS MADE ON THIS APPLICATION INCLUDING ANY DRIVING RECORD. SUCH AUTHORIZATION INCLUDES OBTAINING RECORDS FROM PAST EMPLOYERS, EDUCATIONAL TRANSCRIPTS, LAW ENFORCEMENT AGENCIES AND/OR CREDIT REPORTING SERVICES. I ALSO AUTHORIZE THE HARFORD COUNTY LIQUOR CONTROL BOARD TO PERFORM A CRIMINAL BACKGROUND CHECK, INCLUDING BUT NOT LIMITED TO, FINGERPRINTING AND CRIMINAL RECORD REVIEW. IF ANY MISREPRESENTATION HAS BEEN MADE, OR IF THE RESULTS OF THE INVESTIGATION ARE UNSATISFACTORY, ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN.

MAKE SURE YOU HAVE COMPLETED ALL SECTIONS OF THIS APPLICATION FORM. IF YOU HAVE NOT FILLED IT OUT COMPLETELY, OR HAVE NOT SIGNED IT WHERE REQUIRED, YOUR APPLICATION WILL BE REJECTED.

PRINTED FULL NAME: _____ SOC. SEC. #: _____

SIGNATURE: _____ DATE: _____
