

**APPLICATION FOR EMPLOYMENT**

St. Mary's County Library  
 23250 Hollywood Road, Leonardtown, Maryland 20650  
 301-475-2846 x1012 Fax 301-884-4415

St. Mary's County Library is an equal opportunity employer and does not discriminate against any employee or applicant for employment due to race, color, gender, age, marital status, sexual orientation, pregnancy, national origin, religion or belief, political affiliation or opinion, disability or any other legally protected or non-merit factor. Complete the application. You may submit a resume for Section 13 Work History. **AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.**

<b>1. Name</b> (First Middle Last):	<b>2. Position you are applying for:</b>
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>4. E-mail address:</b>	<b>3. Available start date:</b>
<b>6. Home phone:</b> <b>Cell phone:</b>	<b>5. Lowest pay you will accept:</b>
<b>7. Business/message phone:</b>	

**8. Do you have a driver's license?** Yes:      No: \_\_\_\_

<b>9. List all office equipment you can operate skillfully:</b>	<b>10. List all additional qualifications and skills:</b>
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**11. Education and Training**

Type of School	School & location	Dates of enrollment	Graduate? Yes or No	Major courses	Degree
School or GED					
Technical/Vocational					
Undergraduate					
Graduate					

In this space, or on an attached sheet, list additional training, educational seminars or short courses completed.

**12. References.** List three persons not related to you who have knowledge of your qualifications. Do not repeat supervisors listed under Item 13 Work History.

Name	Address	Phone

<b>13. Work History:</b> Begin with your most recent employment. Attach additional sheets as necessary. Be concise, but do not omit information which may be relevant to the position for which you are applying. You may submit a resume for this section.			
A. Dates of employment:		Job title:	Number of persons supervised:
From:	To:		
Salary:	Hrs per week:	Name of supervisor:	Phone:
Name and address of business or employer:			
Reason for leaving:			
May we contact this employer?		If not, why not?	
Description of duties:			
B. Dates of employment:		Job title:	Number of persons supervised:
From:	To:		
Salary:	Hrs per week:	Name of supervisor:	Phone:
Name and address of business or employer:			
Reason for leaving:			
May we contact this employer?		If not, why not?	
Description of duties:			

C. Dates of employment: From: _____ To: _____		Job title:	Number of persons supervised:
Salary:	Hrs per week:	Name of supervisor:	Phone:
Name and address of business or employer:			
Reason for leaving:			
May we contact this employer?		If not, why not?	
Description of duties:			
14. Are you related by blood or marriage to any St. Mary's County Library employee(s) or any member of the Board of Library Trustees? Yes:      No:      If yes, complete the following:			
Name:	Department:	Relationship:	
15. Have you ever been employed with St. Mary's County Library? Yes:      No:      If yes, complete the following:			
A. Dates of employment: From: _____ To: _____	B. Position held:	C. Reason for leaving:	
16. Are you legally authorized to accept work and remain in the United States? Yes: ___ No: (Proof of identity and authorization will be required upon employment.)			
17. Have you been convicted or pled no contest to any criminal offense within the last ten years? (Conviction will not necessarily bar you from employment with St. Mary's County Library.) Yes:      No:      If yes, please explain:			
18. Are you currently 18 years or older? Yes:      No:      If not, state your age: _____			
19. Additional information. Attach additional sheet(s) if necessary.			

**21. PLEASE READ CAREFULLY**

- a. This is an application for employment. You are officially employed by the Board of Library Trustees only after a Personnel Action has been issued by the Library Director. Any representation as regards to your appointment, setting of wages, or any other personnel action made to you by anyone other than the Library Director is without authority and you are advised that you have no right to rely upon such representation.
- b. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize St. Mary's County Library to make any contacts considered necessary to my employment, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the Library any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentations or omissions by me in this application will be sufficient cause for rejection of the application and/or for separation from Library employment.
- c. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for substance abuse. I also understand and agree that, if employed, I may be required to submit to an alcohol or substance abuse screening as required by law and St. Mary's County Library's Policies and Procedures. I hereby consent to having the results of any such alcohol or substance abuse screening which I may be required to undergo disclosed to the hiring official.
- d. I hereby authorize the Library to obtain a complete driving history. Driving record checks may be required on an applicant or employee who may be required to operate a Library or personal vehicle on Library business. This will also depend on the nature of the position and the insurance company's requirements.
- e. I understand that this application is the property of St. Mary's County Library and will become part of my personnel file if I am accepted for employment.

**Acknowledged and understood:**

\_\_\_\_\_  
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, EXCEPT LAW ENFORCEMENT OFFICERS AS DEFINED IN 727 OF ARTICLE 27, OR ANY EMPLOYEE OF ANY LAW ENFORCEMENT AGENCY OF THE STATE OF MARYLAND, OR ANY COUNTY INCORPORATED CITY OR TOWN, OR OTHER MUNICIPAL CORPORATION. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.**

**Acknowledged and understood:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED.**