



SUPPORT/AMT EMPLOYMENT APPLICATION

Human Resources Department
 7630 Hayward Road
 Frederick, Maryland 21702
 301-644-5100 Fax No. 301-644-5141
www.fcps.org
 Job Hot Line No. 301-644-5123

(OFFICE USE ONLY)

Test Score _____ BY _____

SOCIAL SECURITY NUMBER:	PRINT OR TYPE ALL INFORMATION
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This application is part of the examination process. Your application will not be processed unless it is complete.
Please read the minimum qualifications section of the job posting before completing this application.
You must meet all of the minimum qualifications to be considered.
Note: This application will expire one (1) year from today's date.
If you wish to be considered for a position after that time, you must submit a new application.

Applying For:

Job Title:	
<small>(A separate application is required for each job classification unless otherwise indicated.)</small>	

Name and Contact Information:

Name:	Last	First	MI
Address:	Street	City	State Zip Code
Home Phone:	Work Phone:	E-mail:	
Cell Phone:	Are you at least 18 years of age? Yes _____ No _____		

Education and Training:

Do you have a high school diploma or GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what is the highest grade that you completed?
School:	Address (City, State):		

COLLEGE AND GRADUATE SCHOOL EDUCATION

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type 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?

Please submit a copy of any relevant professional or trade licenses or certificates with this application. All applicants must supply proof of all stated educational accomplishments.
 For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper.

WORK EXPERIENCE

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" 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. Resumes may be attached to application packet. **Resumes are not a substitute for completing this portion of the application.** Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Are you or have you ever been employed by Frederick County Public Schools? Yes _____ No _____ If yes, please include details in work history.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Year</u> To: <u>Month/Year</u>):	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? If, applicable, please explain on additional sheet of paper.		
Yes _____ No _____		
Job Duties:		
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Year</u> To: <u>Month/Year</u>):	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? If, applicable, please explain on additional sheet of paper.		
Yes _____ No _____		
Job Duties:		
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Year</u> To: <u>Month/Year</u>):	How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? If, applicable, please explain on additional sheet of paper.		
Yes _____ No _____		
Job Duties:		
Reason For Leaving:		

Job Number 4:			
Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
Type of Business:		Supervisor's Name and Phone Number:	
Your Job Title:		Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Year</u> To: <u>Month/Year</u>):		How many hours do you work per week?	Pay Rate:
Were you suspended or discharged? If, applicable, please explain on additional sheet of paper.		Yes _____ No _____	
Job Duties:			
Reason For Leaving:			

Please list three (3) references, not related to you, who can attest to your ability to perform the job for which you have applied. Complete mailing address, with zip code, is required.

Name/Relationship:	Address:	Day-time phone:
Name/Relationship:	Address:	Day-time phone:
Name/Relationship:	Address:	Day-time phone:

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:

“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.”

Have you ever been convicted of a crime, received a verdict of anything other than not guilty, or are you the subject of any pending charges for the commission of or attempt to commit a crime? A crime is any act, or failure to act, which was in violation of the laws of the place where the act occurred. Yes No
If yes, describe the act, when it occurred, the facts and circumstances, and any information pertaining to rehabilitation. (Do not include information on any criminal charges for which the records have been legally expunged) 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.)

DATE: _____ SIGNATURE OF APPLICANT: _____

Driver's license No.:	State where license is issued:	
Drivers license class:	Expiration date:	Date of issue:
Do you have any restrictions on your license? If yes, explain:		

Please check all locations in which you are interested.

<p>GENERAL LISTINGS</p> <p><input type="checkbox"/> All Locations <input type="checkbox"/> All Central Offices <input type="checkbox"/> All High Schools <input type="checkbox"/> All Middle Schools <input type="checkbox"/> All Elementary Schools</p> <p>BRUNSWICK FEEDER</p> <p><input type="checkbox"/> Brunswick High <input type="checkbox"/> Brunswick Middle <input type="checkbox"/> Brunswick Elementary <input type="checkbox"/> Carroll Manor Elementary <input type="checkbox"/> Valley Elementary</p> <p>CATOCTIN FEEDER</p> <p><input type="checkbox"/> Catocin High <input type="checkbox"/> Thurmont Middle <input type="checkbox"/> Emmitsburg Elementary <input type="checkbox"/> Lewistown Elementary <input type="checkbox"/> Sabillasville Elementary <input type="checkbox"/> Thurmont Primary <input type="checkbox"/> Thurmont Elementary</p> <p>FREDERICK FEEDER</p> <p><input type="checkbox"/> Frederick High <input type="checkbox"/> Ballenger Creek Middle <input type="checkbox"/> West Frederick Middle <input type="checkbox"/> Ballenger Creek Elementary <input type="checkbox"/> Hillcrest Elementary <input type="checkbox"/> Lincoln Elementary <input type="checkbox"/> Orchard Grove Elementary <input type="checkbox"/> Parkway Elementary <input type="checkbox"/> Waverley Elementary <input type="checkbox"/> Whittier Elementary</p>	<p>GOV. THOMAS JOHNSON FEEDER</p> <p><input type="checkbox"/> Gov. Thomas Johnson High <input type="checkbox"/> Gov. Thomas Johnson Middle <input type="checkbox"/> Monocacy Middle <input type="checkbox"/> Monocacy Elementary <input type="checkbox"/> North Frederick Elementary <input type="checkbox"/> Spring Ridge Elementary <input type="checkbox"/> Yellow Springs Elementary</p> <p>LINGANORE FEEDER</p> <p><input type="checkbox"/> Linganore High <input type="checkbox"/> New Market Middle <input type="checkbox"/> Oakdale Middle <input type="checkbox"/> Deer Crossing Elementary <input type="checkbox"/> Liberty Elementary <input type="checkbox"/> New Market Elementary <input type="checkbox"/> Oakdale Elementary <input type="checkbox"/> Twin Ridge Elementary</p> <p>MIDDLETOWN FEEDER</p> <p><input type="checkbox"/> Middletown High <input type="checkbox"/> Middletown Middle <input type="checkbox"/> Middletown Primary <input type="checkbox"/> Middletown Elementary <input type="checkbox"/> Myersville Elementary <input type="checkbox"/> Wolfsville Elementary</p>	<p>TUSCARORA FEEDER</p> <p><input type="checkbox"/> Tuscarora High <input type="checkbox"/> Crestwood Middle <input type="checkbox"/> Tuscarora Elementary</p> <p>URBANA FEEDER</p> <p><input type="checkbox"/> Urbana High <input type="checkbox"/> Urbana Middle <input type="checkbox"/> Windsor Knolls Middle <input type="checkbox"/> Centerville Elementary <input type="checkbox"/> Green Valley Elementary <input type="checkbox"/> Kemptown Elementary <input type="checkbox"/> Urbana Elementary</p> <p>WALKERSVILLE FEEDER</p> <p><input type="checkbox"/> Walkersville High <input type="checkbox"/> Walkersville Middle <input type="checkbox"/> Glade Elementary <input type="checkbox"/> New Midway Elementary <input type="checkbox"/> Walkersville Elementary <input type="checkbox"/> Woodsboro Elementary</p> <p>OTHER SCHOOLS</p> <p><input type="checkbox"/> Career & Technology Center <input type="checkbox"/> Heather Ridge School <input type="checkbox"/> Monocacy Valley Montessori <input type="checkbox"/> Rock Creek School <input type="checkbox"/> Adult Education</p>
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How did you find out about this posting? Please check the appropriate space(s).

<input type="checkbox"/> FCPS Website	<input type="checkbox"/> DLLR Job Service (Location)
<input type="checkbox"/> Channel 18	<input type="checkbox"/> School Posting Board (Location)
<input type="checkbox"/> Newspaper Ad (Paper Name)	<input type="checkbox"/> Job Fairs (List)
<input type="checkbox"/> Board of Education Central Offices (Location)	<input type="checkbox"/> Other (List)

ARE YOU INTERESTED IN: Full-time Part-time Temporary Substitute Benefited Non-Benefited

After an official interview notice is received, applicants with disabilities who require special accommodations should contact the FCPS Human Resources Support Office 301-644-5076 or 301-644-5083

Applications must be received by the FCPS Human Resources Support Office by either the close of business on the closing date, or postmarked by the closing date, as specified on the job announcement for which you are applying. NOTIFY THE FCPS SUPPORT HUMAN RESOURCES OFFICE IN WRITING OF A CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER.

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR APPOINTMENT. VERIFICATION WILL BE COMPLETED BY THE APPOINTING AUTHORITY. 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.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, references checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Frederick County Board of Education contacts in connection with my employment application to fully provide the Frederick County Board of Education with any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Frederick County Board of Education its agents, officials, or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and interviewing committee, which may include Board members, administrators, other staff, and members of the community. I give consent to this disclosure.

I understand that any temporary or substitute position is at-will and of indefinite duration, and that FCPS can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by FCPS.

Maryland law also requires that any person who has uncontrolled or unsupervised access to children will undergo a criminal background investigation.

I certify that I have read this form in its entirety and that the information herein provided is true, accurate and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge if I am employed. I further understand and agree that acceptance of this application on my part does not constitute an employment agreement.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

(Remove this section of the application prior to the interview process.)

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE FREDERICK COUNTY BOARD OF EDUCATION REQUESTS APPLICANTS TO PROVIDE, VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

NAME: _____	SOCIAL SECURITY NO. _____
BIRTH DATE: _____ Month/Day/Year	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Select one or more of the following racial categories:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)