



St. Mary's County Department of Recreation & Parks
APPLICATION FOR EMPLOYMENT - HOURLY EMPLOYEES

St. Mary's County Government 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 nonmerit factor.

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ **Cell Phone:** _____

Email: _____

EDUCATION & TRAINING

	School & Location	Course of Study	Graduate?	Degree or Certification
High School or GED				
Technical/Vocational				
Undergraduate College				
Graduate College				

CERTIFICATIONS AND ADDITIONAL TRAINING

REFERENCES

List 3 persons not related who have knowledge of your qualifications & are not previous employers.

Name	Company Name & Address	Email	Phone Number

PAGE 2 - EMPLOYMENT EXPERIENCE

Work & Volunteer History: Complete the following sections even if you are submitting a resume in addition to this application. **AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.** Begin with your most recent employment and include at least 10 years of work history. Attach additional sheets as necessary.

Dates: From: _____ To: _____

Job Title: _____ **Employer:** _____

Salary: \$ _____ **Hours Per Week:** _____ **# Supervised:** _____

Name of Supervisor: _____ **Phone:** _____

May we contact the employer? _____ **If no, please explain:** _____

Description of Duties *(this must be completed in order to be accepted):*

Dates: From: _____ To: _____

Job Title: _____ **Employer:** _____

Salary: \$ _____ **Hours Per Week:** _____ **# Supervised:** _____

Name of Supervisor: _____ **Phone:** _____

May we contact the employer? _____ **If no, please explain:** _____

Description of Duties *(this must be completed in order to be accepted):*

Dates: From: _____ To: _____

Job Title: _____ **Employer:** _____

Salary: \$ _____ **Hours Per Week:** _____ **# Supervised:** _____

Name of Supervisor: _____ **Phone:** _____

May we contact the employer? _____ **If no, please explain:** _____

Description of Duties *(this must be completed in order to be accepted):*

PAGE 3 - POSITION DETAILS & AVAILABILITY

Complete the below information for the the position(s) for which you are interested. This does not commit you, nor does it guarantee you, acceptance of all that you indicate.

JOB TITLE YOU ARE APPLYING: _____

SELECT PROGRAM YOU ARE APPLYING	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Summer Camps
	<input type="checkbox"/> School Age Care	<input type="checkbox"/> Sports	<input type="checkbox"/> Therapeutic
	<input type="checkbox"/> Facilities	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Special Events

Indicate the specific positions you would like to be considered for:

<input type="checkbox"/> School Age Care Assistant	<input type="checkbox"/> Gymnastics Instructor	<input type="checkbox"/> Sports Referee
<input type="checkbox"/> School Age Care Director	<input type="checkbox"/> Gymnastics Office Manager	<input type="checkbox"/> Sports Scorekeeper
<input type="checkbox"/> School Age Care Leader	<input type="checkbox"/> Gymnastics Team Staff	<input type="checkbox"/> Summer Camp Assistant/Aide
<input type="checkbox"/> School Age Care Substitute	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Summer Camp Counselor
<input type="checkbox"/> School Age Care Supervisor	<input type="checkbox"/> Office Aide	<input type="checkbox"/> Summer Camp Director
<input type="checkbox"/> Concessions Aide	<input type="checkbox"/> Park Attendant/Supervisor/Leader	<input type="checkbox"/> Summer Camp Instructor
<input type="checkbox"/> Concessions Manager	<input type="checkbox"/> Pool Manager	<input type="checkbox"/> Therapeutic Specialized Leader
<input type="checkbox"/> Custodian	<input type="checkbox"/> Program Director	<input type="checkbox"/> Therapeutic Recreation Aide
<input type="checkbox"/> Fitness/Wellness Instructor	<input type="checkbox"/> Program Instructor	<input type="checkbox"/> Therepeutic Inclusion Specialist
<input type="checkbox"/> Gymnastics Coach	<input type="checkbox"/> Program Leader (Specialized)	<input type="checkbox"/> WSI Instructor
<input type="checkbox"/> Gymnastics Competitive Coach	<input type="checkbox"/> Program Supervisor	<input type="checkbox"/> _____
<input type="checkbox"/> Gymnastics Director	<input type="checkbox"/> Sports Clinician	<input type="checkbox"/> _____

SELECT HOURS AVAILABLE TO WORK	<input type="checkbox"/> I am available anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Seasonal - Summer Only
	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Seasonal - Specific Program Hours
	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	

Additional Information you would like to share regarding your interest:

ACKNOWLEDGEMENT & STATUS

Have you ever been employed with St. Mary's County Government? YES NO

Position Held: _____ *From:* _____ *To:* _____

Are you legally authorized to accept work and remain in the United States? YES NO

Are you currently 18 years or older? YES NO

PLEASE READ CAREFULLY

1. This is an application for employment which includes an overview of our hiring process. You are officially employed by the Board of County Commissioners only after a Personnel Action has been issued by the Department of Human Resources. Any representation as regards to your appointment, setting of wages, or any other personnel action made to you by other than the Department of Recreation & Parks is without authority and you are advised that you have no right to rely upon such representation. Concerns about our EEO policy or hiring process should be directed to the Director of Human Resources at 301-475-4200, extension 1100.
2. In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize St. Mary's County Government 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 County 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 County employment.
3. I understand that as a condition of employment, I will be required to complete a criminal background check performed as a fingerprinting process with the St. Mary's County Sheriff's Office. 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 Government's Policies and Procedures.

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

Submit completed application to:

Department of Recreation & Parks

ATTN: JOB APPLICATION

23150 Leonard Hall Drive

Leonardtown, MD 20650

Main Office: 301-475-4200 ext. 1800

Fax: 301-475-4108

www.stmaryscountymd.gov/recreate