



# ST. MARY'S COUNTY PUBLIC SCHOOLS

Post Office Box 641  
Leonardtown, Maryland 20650

[www.smcps.org](http://www.smcps.org)

Office Use Only		
A	Date	INIT

## Non-Certificated Employment Application

### 1. APPLYING FOR:

Job Title \_\_\_\_\_

Location \_\_\_\_\_

### 2. HOW DO WE CONTACT YOU?

Your Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Person to contact if you are not available at above address/emergency contact:

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

### 3. TELL US ABOUT YOUR EDUCATION:

Highest Level of Education: GED  High School  College

Type of Degree: AA/AS  BS/BA  MS/MA  Doctorate

If no Degree, list total number of credits earned to date \_\_\_\_\_

### 4. References:

List two persons who can provide information as to your performance in the area of your desired employment. (References from family members/relatives will not be accepted.)

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5. TELL US ABOUT YOUR WORK EXPERIENCE:**

Describe your work experience over the last ten years in chronological order, beginning with your most current or recent job. Include in the Remarks section any other pertinent information regarding your experience for this position. Include military service (indicate rank). Provide an explanation for any gaps in employment. All information in this section must be complete. **A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer \_\_\_\_\_

Address: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Job Duties (Essential Job Functions)

Reason for Leaving

\_\_\_\_\_

2. Your Next Most Recent Employer \_\_\_\_\_

Address: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Job Duties (Essential Job Functions)

Reason for Leaving

\_\_\_\_\_

3. Your Next Most Recent Employer \_\_\_\_\_

Address: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Job Duties (Essential Job Functions)

Reason for Leaving



**7. TO BE COMPLETED BY ALL APPLICANTS**

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The St. Mary's County Public School System does not discriminate on the basis of race, color, sex, age, marital status or sexual orientation, national origin, religion or disability in matters affecting employment or in providing access to programs.

**VERIFICATION STATEMENT**

I verify that the information given by me in this application is true and complete. I understand that if I have given any false information or if I have omitted any material fact, I may be disqualified from employment or if hired, I may be discharged upon discovery of such false statement(s) or omission(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE/COLLECTION OF INFORMATION FROM PAST EMPLOYERS**

I understand that my employment with the St. Mary's County Public Schools may be subject to a reference/background check. I hereby authorize St. Mary's County Public Schools to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed references or any other person(s) who can verify any information submitted to St. Mary's County Public Schools in support of my application for employment. I hereby waive any right that I may have against any former employer(s) who provide information concerning this application and I release each said person from liability for providing information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE STATEMENT**

The Board of Education of St. Mary's County Public Schools does not discriminate on the basis of disability in employment or provision of services, programs or activities. Information concerning the Americans with Disabilities Act is available from the Director or Human Resources, 301-475-5511 x169. Persons needing auxiliary aids and services for communication should contact the Department of Human Resources, or write to St. Mary's County Public Schools, P.O. Box 641, Leonardtown, Maryland 20650 at least one (1) week in advance of the date the special accommodation is needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER POLYGRAPH STATEMENT**

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. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

**RETURN THIS APPLICATION TO:  
Department of Human Resources  
St. Mary's County Public Schools  
P.O. BOX 641, LEONARDTOWN, MARYLAND 20650  
TELEPHONE 301-475-5511 OPTION 1  
MARYLAND RELAY SERVICE (MRS) 1-800-735-2258  
www.smcps.org**