



**Baltimore County Government
Department of Recreation and Parks**

JOHN A. OLSZEWSKI, JR.
County Executive

BOB F. SMITH
Director

Program Leadership Employment Application

Please complete this application for program leadership positions in the Baltimore County Department of Recreation and Parks. Program leadership positions are occasional, hourly, on-call and as-needed.

Please type or print clearly. Attach a page if you need space. Write "N/A" when a question does not apply.

AUTHENTICATION			
<p>I understand that this application and related documents are for occasional positions with the Department of Recreation and Parks. Occasional, hourly staff perform duties related to the kinds of work listed below.</p> <p>I certify that the statements I make on this application and related documents are TRUE and COMPLETE.</p> <p>I understand that should an investigation at any time reveal a falsification or misrepresentation of information, my application will be disapproved and my name removed from further consideration for employment.</p> <p>I understand that if I am selected for this position, I may be given a physical examination, a urine drug screening and a background check, on the bases of which I may or may not be approved for employment.</p> <p>I understand that if I want to apply for a full-time or part-time position with Baltimore County Government, I must complete a different application at www.baltimorecountymd.gov.</p> <p align="center">Initials: _____</p>			
PERSONAL INFORMATION			
Name (Last, First, Middle):		Date of Birth <i>only if under 18 yrs old</i> :	
Primary Street Address:			
City:		State:	ZIP Code:
Primary Phone:		Primary Email:	
Pronouns: He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other <input type="checkbox"/> :			
Do you have a legal right to work in the U.S.? No <input type="checkbox"/> Yes <input type="checkbox"/>	Do you have a valid driver's license? No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you a current or former BCGG, BCPL, BCPS, CCBC or BCRA emp? No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you retired from BCGG, BCPL, BCPS, CCBC or BCRA? No <input type="checkbox"/> Yes <input type="checkbox"/>
		If yes, in what agency?	
POSITION PREFERENCES			
What kind of work do you want to do?			
After-school programs <input type="checkbox"/>	Instructor <input type="checkbox"/> of:	Parks, beaches or nature <input type="checkbox"/>	Sports <input type="checkbox"/>
		Playgrounds or camps <input type="checkbox"/>	Therapeutic rec <input type="checkbox"/>
Where do you want to work? No preference <input type="checkbox"/> Location <input type="checkbox"/> :		Preferred salary: Dollars per hour:	

EDUCATION

Do you have a high school diploma or GED? No <input type="checkbox"/> Yes <input type="checkbox"/>	If no, highest grade completed:
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Please begin with your most recent educational institution. You may include a resume to give detail.

School, College or Graduate School	Major	Degree	Date

EMPLOYMENT AND VOLUNTEER HISTORY

Please begin with your most recent employer or volunteer work. You may include a resume to give detail.

1. Position or Title:

	Employer, Company or Org:
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Type of Business:	What are or were your essential duties and functions?
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Supervisor's Name:	Supervisor's Title:	Supervisor's Phone Number:
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Start Date: _____ End Date: _____	Reason for Leaving:
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Do or did you supervise anyone? No Yes If yes, how many people?

2. Position or Title:

	Employer, Company or Org:
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Type of Business:	What are or were your essential duties and functions?
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Supervisor's Name:	Supervisor's Title:	Supervisor's Phone Number:
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Start Date: _____ End Date: _____	Reason for Leaving:
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Do or did you supervise anyone? No Yes If yes, how many people?

KNOWLEDGE, SKILLS AND ABILITIES	
Skill, Ability or Interest Ex. Coaching football, customer service, American Sign Language	Proficiency Level
	Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/>
	Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/>
	Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/>

PROFESSIONAL AND PERSONAL REFERENCES		
1. Professional Reference:		
		Number of Years Known:
Position:	Phone:	Email Address:
Address, City, State ZIP:		
2. Professional Reference:		
		Number of Years Known:
Position:	Phone:	Email Address:
Address, City, State ZIP:		
3. Personal Reference:		
		Number of Years Known:
Position:	Phone:	Email Address:
Address, City, State ZIP:		

CRIMINAL BACKGROUND

Applicants for Program Leadership positions are subject to fingerprint-based background checks. A conviction will not necessarily bar you from employment. Disclosing a conviction is better than omitting it.

Have you ever been convicted of any violation of law other than a minor traffic violation?

No Yes If yes, please explain on a separate page and attach it to this application.

Would you like to be considered for assistance paying for your background check?

No Yes If yes, please explain on a separate page and attach it to this application.

RESTRICTIONS

Is there anything that would prohibit you from performing the essential job duties or functions of the position for which you are applying?

No Yes If yes, please explain on a separate page and attach it to this application.

AUTHORIZATION

I authorize Baltimore County Government to investigate the statements I made on this application and related documents and to discuss the results of its investigation with those responsible for hiring.

I further authorize Baltimore County Government to contact my former employer(s), reference(s) or other people who can verify information. I give my consent for the contacted people to respond to questions pertaining to information on this application and related documents or to the job for which I am applying. I release from liability such contacted people who provide information to Baltimore County Government.

I acknowledge that if I am a current employee of Baltimore County Government, any falsification or misrepresentation of information may lead to disciplinary action, including termination.

Initials: _____

SIGNATURE

Please sign this application. Electronic "signatures" are acceptable.

Signature:

Date: