

Annmarie Sculpture Garden

Annmarie Sculpture Garden
 P.O. Box 99
 13480 Dowell Road
 Dowell, Maryland 20629
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 Email: director@annmariegarden.org
 Web Address: www.annmariegarden.org
 Maryland Relay for
 Impaired Hearing or Speech
 1-800-735-2258 Statewide Toll Free

**YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION.
 ALL QUESTIONS MUST BE ANSWERED COMPLETELY TO RECEIVE FULL CONSIDERATION.**

Position Applying For _____

Full Name _____
(LAST) (FIRST) (MIDDLE)

Mailing Address _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____ Social Security No. _____

Phone Number where you can be reached Monday through Friday, 9:00 a.m. to 5:00 p.m. _____

(The following two factors will be used to determine if you will be considered for the position.)

Hours/Days available to work? _____

Lowest salary you will accept? _____

If hired, when can you start?: _____

Are you related by blood or marriage to any elected or appointed official or employee of Annmarie Garden or the Calvert County Government? Yes No If Yes, please complete the following:

NAME	DEPARTMENT	RELATIONSHIP

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense? Yes No If Yes, list all such offenses and state date, place and action taken:

NOTE: A conviction will not automatically exclude you from employment. The nature of the conviction and how long ago it occurred is important. Give all of the facts so that a decision can be made.

If hired, can you give evidence of your right to work in the United States? Yes No

EDUCATION AND TRAINING

SELECT HIGHEST GRADE COMPLETED

2 3 4 5 6 7 8 9 10 11 12

High School Name _____ City _____ State _____

High School Course: Academic Business General Studies Vocational

Did you graduate from high school? Yes No or Do you have a G.E.D. or equivalent? Yes No

If Yes, place G.E.D. was received: _____

Are any of your educational or employment records found under a different last name? Yes No

If Yes, please state name: _____

UNDERGRADUATE STUDIES

College or University Give name and location	Major Field of Study	Type of Degree Received	Credits Earned

GRADUATE STUDIES

College or University Give name and location	Major Field of Study	Type of Degree Received	Credits Earned

List additional training, educational seminars or short courses completed which relate to this position.

LICENSES

Do you have a valid driver's license Yes No Type of License: Commercial Non Commercial
Driver's License Number _____ State _____ Class A B C

List all other professional licenses, registrations and certificates you presently hold:

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

SPECIAL SKILLS

List any special qualifications and skills which relate to this position.

PREVIOUS EXPERIENCE

NOTE: EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE INFORMATION BELOW OR YOU MAY BE DISQUALIFIED.

List all experience, including military and volunteer, for at least the last 10 years. Begin with your current or most recent experience and work back. If you need additional space, attach extra sheets.

LAST/CURRENT EMPLOYER

Starting Date _____

Mailing Address _____ Ending Date _____

City _____ State _____ Zip Code _____ Starting Salary _____ per _____

Supervisor's Name: _____ Phone _____ Ending Salary _____ per _____

May we contact this employer? Yes No If No, why? _____

Your job title _____ Full Time Part Time Hours per week _____

Reasons for leaving/desiring to leave: _____

Your duties _____

Number and types of positions you supervise(d) _____

FORMER EMPLOYER

Starting Date _____

Mailing Address _____ Ending Date _____

City _____ State _____ Zip Code _____ Starting Salary _____ per _____

Name of Supervisor _____ Phone _____ Ending Salary _____ per _____

May we contact this employer? Yes No If No, why? _____

Your duties _____ Full Time Part Time Hours per week _____

Reasons for leaving _____

Your duties _____

Number and types of positions you supervise(d) _____

FORMER EMPLOYER

Starting Date _____

Mailing Address _____ Ending Date _____

City _____ State _____ Zip Code _____ Starting Salary _____ per _____

Name of Supervisor _____ Phone _____ Ending Salary _____ per _____

May we contact this employer? Yes No If No, why? _____

Your job title _____ Full Time Part Time Hours per week _____

Reasons for leaving: _____

Your duties _____

Number and types of positions you supervise(d) _____

FORMER EMPLOYER

Starting Date _____

Mailing Address _____ Ending Date _____

City _____ State _____ Zip Code _____ Starting Salary _____ per _____

Name of Supervisor _____ Phone _____ Ending Salary _____ per _____

May we contact this employer? Yes No If No, why? _____

Your job title _____ Full Time Part Time Hours per week _____

Reasons for leaving _____

Your duties _____

Number and types of positions you supervise(d) _____

*** Applicants must sign following page of application. ***

GENERAL INFORMATION

Have you reviewed the job description for this job? Yes No

Can you perform the essential functions of this position with or without reasonable accommodation? Yes No

NOTICE TO APPLICANTS

Please read carefully: In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize the Koenig Private Foundation to make any contacts 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 Koenig Private Foundation any information they may have concerning me. I hereby release the Koenig Private Foundation, 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 misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from Koenig Private Foundation employment.

I understand that this application is the property of the Koenig Private Foundation and will become part of my permanent file if I am accepted for employment. Driving record checks are used to confirm the identity of applicants. Driving violations will only be considered for applicants or employees who may be required to operate a Koenig Private Foundation or personal vehicle on Koenig Private Foundation business. I hereby authorize the Koenig Private Foundation to obtain a complete driving history.

I understand that official offers of employment are only made in writing by an officer of the Koenig Private Foundation. Any prior conversations regarding salary, date availability to work, and related matters are considered preliminary and do not constitute an offer of employment nor should they be taken as a promise or assurance that such an offer will be forthcoming in the future. Therefore, no change in my current status should be made in reliance on any statement, conversation, or representation other than in a written offer of employment from an officer of the Koenig Private Foundation.

Policy Statement: The Koenig Private Foundation is an equal opportunity employer and shall not discriminate against any employee or applicant for employment because of age, gender, marital status, national origin, religion, race or qualified individual with a disability.

Please check boxes below.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

I CERTIFY THAT I HAVE NOT ALTERED THE CONTENTS OF THIS APPLICATION IN ANY WAY AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature required for acceptance of application.

APPLICANT SIGNATURE _____ DATE _____