

HR USE ONLY
HS Diploma/GED: _____
References: _____
Phone Refs: _____

# HARFORD COUNTY PUBLIC SCHOOLS

102 S. Hickory Avenue  
Bel Air, Maryland 21014  
410-588-5238

AN EQUAL OPPORTUNITY EMPLOYER  
www.hcps.org

HR USE ONLY
Fingerprints: _____
I-9 Form: _____
Typing Test/Qualified: _____
Pre-Employment Physical: _____

## SUPPORT SERVICES APPLICATION

The Harford County Public School System does not discriminate on the basis of race, color, sex, age, national origin, religion, sexual orientation, marital status, genetic identification, political affiliation, or disability in matters affecting employment or in providing access to programs for employees. Inquiries related to the policies of the Board of Education of Harford County should be directed to the Director of Public Information, 410-588-5203.

### PERSONAL DATA

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

If you are offered employment by Harford County Public Schools, can you submit verification of your legal right to work in the United States?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

### PLACEMENT INFORMATION

<input checked="" type="checkbox"/>	CHECK TYPE OF POSITION DESIRED	MINIMUM REQUIREMENTS - Check only those for which you qualify
	CLERICAL	High school diploma or GED; typing requirement of 45 wpm.
	COMPUTER LAB TECHNICIAN	Sixty college credits or associate's degree.
	FOOD SERVICE	High school diploma or GED.
	IN-SCHOOL SUSPENSION TECHNICIAN	Sixty college credits or associate's degree; excellent written/oral skills.
	INCLUSION HELPER	High school diploma or GED.
	INTERPRETER – TRANSLITERATOR - BRAILLE TECHNICIAN (circle one)	High school diploma or GED; demonstrated American Sign Language proficiency, Braille certification or Cued Speech certification.
	LIBRARY TECHNICIAN	Sixty college credits or associate's degree; typing and computer skills.
	PARAEDUCATOR	High school diploma or GED.
	SCHOOL NURSE	Registered Nurse (RN) with current valid license issued by the Maryland State Board of Nursing.
	SWIMMING TECHNICIAN	High school diploma or GED; valid water safety instructor's certificate; knowledge and/or experience in swimming instruction, pool management and sanitation; Pool & Spa Operator/Management certification; valid CPR certification; First Aid certification; and valid lifeguard license.
	TEAM NURSE	Required to hold a license as a Licensed Practical Nurse (LPN) or a Registered Nurse (RN) by the Maryland State Board of Nursing.
	TECHNICAL / PROFESSIONAL	Specify <u>advertised</u> position title: _____

In which school/department do you prefer to work? \_\_\_\_\_



**EMPLOYMENT HISTORY**

Complete employment history required - include military service. Attach additional sheet if necessary.

Date of Employment (Month/Year)	Employer	Employer's Address	Employment Information	
From	Name		Position	Salary
To	Type of Business		Reason for Leaving	
Supervisor's Name		Duties Performed		
From	Name		Position	Salary
To	Type of Business		Reason for Leaving	
Supervisor's Name		Duties Performed		
From	Name		Position	Salary
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From	Name		Position	Salary
To	Type of Business		Reason for Leaving	
Supervisor's Name		Duties Performed		

**REFERENCES**

Below, please provide information for three professional references, one of whom must be a current or past supervisor. *Family members, personal friends and acquaintances are not acceptable professional references.* It is expected that you will list current and previous supervisors.

Name	Mailing Address	Phone #
Occupation and Years Acquainted	City, State & Zip Code	
Name	Mailing Address	Phone #
Occupation and Years Acquainted	City, State & Zip Code	
Name	Mailing Address	Phone #
Occupation and Years Acquainted	City, State & Zip Code	

**CONVICTION OR DISMISSAL**

Have you ever been convicted or received probation before judgment for a crime? (Do not include minor traffic violations for which a fine of \$100 or less was imposed.) Yes\_\_\_ No\_\_\_  
Have you been charged with a crime and/or are awaiting trial? Yes\_\_\_ No\_\_\_  
Have you ever been dismissed, asked to resign, or refused reemployment? Yes\_\_\_ No\_\_\_  
Have you ever been investigated or charged with any offense relating to children? Yes\_\_\_ No\_\_\_  
In any previous employment experience, have you ever received an oral or written reprimand? Yes\_\_\_ No\_\_\_  
Have you ever had your certificate suspended or revoked in this state or any other? Yes\_\_\_ No\_\_\_

If your answer to any of the six questions is "yes", please provide details on a separate sheet of paper.

**IMPORTANT NOTE:** If the answers to the above questions change after the date you originally sign this application, you must immediately notify the Human Resources Office in writing of the nature and reasons for those changes.

**PLEASE READ CAREFULLY**

I understand that everyone hired by Harford County Public Schools is fingerprinted and subject to a criminal background check. In addition, I understand that I may be subjected to a pre-employment physical. I also understand that unsatisfactory results from these pre-employment checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that acceptance of this application does not constitute an employment agreement.

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for cancellation of the application or discharge, if I have been employed. The Human Resources Office has my permission to contact all past and present employers.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

**LIE DETECTOR TESTS (Article 100, Section 95, Annotated Code of Maryland)**

"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."

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

**FOR HUMAN RESOURCES USE ONLY**

**POSITION OFFERED**

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Hours: \_\_\_\_\_  
Offer Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_ Salary Schedule: \_\_\_\_\_ Grade: \_\_\_\_\_ Step: \_\_\_\_\_  
Offered/Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Fingerprinted: \_\_\_\_\_ By: \_\_\_\_\_ I-9 Form: \_\_\_\_\_ By: \_\_\_\_\_

**TYPING TEST**

Date: \_\_\_\_\_ Results (wpm): \_\_\_\_\_ Administered By: \_\_\_\_\_  
Date: \_\_\_\_\_ Results (wpm): \_\_\_\_\_ Administered By: \_\_\_\_\_  
Date: \_\_\_\_\_ Results (wpm): \_\_\_\_\_ Administered By: \_\_\_\_\_

**THIS DOCUMENT IS AVAILABLE ON THE INTERNET**

**www.hcps.org**



# Harford County Public Schools

Human Resources Office  
102 S. Hickory Avenue, Bel Air, Maryland 21014  
410-588-5238 \* FAX: 410-588-5315

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## DIRECTIONS REGARDING SUPPORT SERVICES REFERENCES

Dear Applicant:

Your references are very important in processing and evaluating your application for employment. References should be the people who are best qualified to give evaluation of your success or potential success with Harford County Public Schools; therefore, your immediate supervisor(s) must be listed.

It is your responsibility to deliver the Support Services Reference forms to the people you record as references on the Support Services Application (minimum of three required). Be sure to print your name and the position you are seeking on the form prior to forwarding to your references. Return envelopes addressed to our office are included for the convenience of your references. We **strongly suggest** that you provide postage on the envelopes for the people serving as references. **Please instruct the individuals to mail the completed forms directly to our office in the envelopes provided.**

We cannot complete the evaluation of your application until our office has received all reference forms. Please distribute your reference forms as soon as you submit your application to our office. Feel free to contact our office at 410-588-5238 if you have any questions regarding the requirements for references.

Sincerely,

Margaret D. Goodson  
Supervisor of Human Resources - Staffing

# Harford County Public Schools

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 102 S. Hickory Avenue, Bel Air, Maryland 21014  
 410-588-5238 ~ Fax: 410-588-5315

## SUPPORT SERVICES APPLICANT REFERENCE

Reference To: \_\_\_\_\_

Applicant: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

The above-named person has applied for employment with the Harford County Public School System. Please evaluate this candidate in comparison to others you have known in a like position. Your response is strictly confidential, unless subpoenaed by a court. The reference responses are important to us in evaluating qualifications and determining possible placement.

**RELATIONSHIP TO APPLICANT:**

Employer/Former Employee      Co-worker      Immediate Supervisor      Other \_\_\_\_\_

POSITION APPLICANT HELD WITH YOUR COMPANY: \_\_\_\_\_

	Outstanding	Very Good	Average	Unacceptable	Unknown
Attitude Toward Children - understanding, empathetic					
Personality - poised, warm, congenial					
Co-worker Relations - friendly, cooperative, tactful					
Consistently demonstrates appropriate behavior					
Work Habits - positive attitude, self-motivated					
Verbal & Written Communication - speaks and writes well					
Organization - completes tasks easily and efficiently					
Character - dependability, values, habits					
Enthusiasm					
General Appearance – grooming, dress, neatness					
Attendance					
Leadership - initiative, self-confident, flexible					

*Comment and/or reason for leaving employment:*  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please complete one of the following:*

Enthusiastically recommend      Recommend      \*Recommend with reservations      \*Do not recommend  
**\*PLEASE PROVIDE BRIEF STATEMENT ON REVERSE SIDE**

Is there any reason that this person would not be suitable to work in an environment with children?  
 No      Yes - If yes, please explain. \_\_\_\_\_

Name: \_\_\_\_\_ Employer (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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