

# DORCHESTER COUNTY GOVERNMENT EMPLOYMENT APPLICATION

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## Dorchester County Emergency Medical Services Job Description- ALS Provider

- 1.3.1 Employee must be a skilled, technical, and responsible person. Employee must be a Nationally Registered, and Maryland certified Paramedic, a Maryland certified Cardiac Rescue Technician-Intermediate; or a Maryland certified Cardiac Rescue Technician who is cleared to provide ALS care in Dorchester County. Under minimal or no immediate supervision can carry out duties without detailed instructions, but within specific limits and reports periodically based on previously agreed goals.
- 1.3.2 Examples of work and duties: Perform necessary ALS, and BLS emergency medical care on sick, and injured persons. This shall be done at the site of the emergency, en route to the hospital or other destinations as prescribed by the Maryland Medical Protocols, or with online medical consultation. Assist in the extrication of victims from wreckage and entrapment at crash scenes. Perform triage and/or assign tasks to other responding EMS personnel. Complete and file all pertinent state, county, local and hospital incident reports and related documents. Recommend procedural changes when needed based on field experience and qualifications. Test and evaluate new education classes, and procedures as outlined by Maryland Protocol. Establish and supervise rehabilitation as directed at fire incidents. Must be able to operate emergency medical vehicles in accordance with county driving procedures and EMS SOP'S. Quickly and accurately utilizes maps and obtains information pertinent to the emergency response. Assumes the responsibility for the constant readiness of emergency vehicles while on duty. Performs other duties as assigned.
- 1-3.3 Essential Functions: Ability to perform physically exerting tasks associated with above descriptions of required work, and duties. Must have excellent moral character. Ability to effectively present information and respond to questions from other health care providers, supervisors, patients and the general public. Must be able to apply the principals of logical thinking to a wide range of practical problems. Must have the ability to use sound judgment while quickly and logically analyzing problems, often under emotional stress. Ability to deal with people and situations in a sensitive manner that reflects the rights of others. Must have considerable knowledge of EMS principals, practices and techniques. Must have a strong working knowledge of Maryland Medical Protocols. Should have the ability to operate a personal computer and other office equipment.
- 1-3.4 Physical requirements: Employee is frequently required to sit, climb, stoop, run, kneel and walk while carrying weight. Occasionally, jumping from 1-2 feet. Frequent lifting and/or moving heavy objects is required. The employee must have good vision, vision can be corrected with glasses or contact lenses.
- 1-3.5 Work environment: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently exposed to risk of infection. The employee occasionally works near moving mechanical parts: in high, precarious places, and in outside weather conditions and is occasionally exposed to furnes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration. The noise level in the work environment is usually moderate, however, on occasion is very loud when employee is exposed to sirens, air and gasoline operated equipment and helicopter engine noise.
- 1.3.6 Required Licenses and Certifications: Valid driver's license Current National Registered and Maryland Certified Paramedic, Maryland CRTI or Maryland CRT Current Advanced Cardiac Life Support, (ACLS) Current Health Care Provider Cardio- Pulmonary Resuscitation,(CPR) 1-3.7 Recommended Certifications and Classes Current Pediatric Advanced Life Support, (PALS) Current Basic Trauma Life Support, (BTLS) National Incident Management Systems
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## Dorchester County Emergency Medical Services

### Job Description- BLS Provider

- 1.4.1 This is a skilled technical and responsible work as a Maryland certified Emergency Medical Technician-Basic (EMT-B) Emergency Vehicle Operator (EVO). A self-motivated responsible person with administrative duties; Under some supervision, carries out duties without detailed instructions but within specific limits and reports to Paramedic shift leaders. Performance will be evaluated periodically based on previously agreed goals.
- 1.4.2 Examples of work and duties: Perform necessary emergency medical care on sick, injured or convalescent persons. This shall be done at the site of the emergency, enroute to the hospital or other destination as prescribed by medical protocol, medical consultation or by the Maryland State Board of Physician Quality Assurance. Stabilize the condition of patients at the EMT-B level of "EMS care available in the State of Maryland". Assist in the extrication of victims from wreckage and entrapment. Perform emergency medical first aid examinations and assessments. Perform basic life support treatment such as bandaging wounds, control bleeding, spinal immobilization, insertion of oral and nasal airways, suctioning, applications of MAST and other skills. Be extremely familiar with the Maryland Protocols and how they relate to the above skills. Complete and file all pertinent state, county, local and hospital incident reports and related documents. Recommend procedural changes with needed based on field experience and qualifications. Test and evaluate new equipment and make recommendations based on equipment performance. Participate in specialized and continuing education classes. Establish rehabilitation and assist fire companies with medical support. Must be able to operate emergency vehicles in accordance with county driving procedures and EMS SOP'S. Quickly and accurately utilizes maps and obtains information pertinent to the emergency response. Assumes the responsibility for the maintenance of medical equipment, office and living quarters while on duty. Performs quality assurance reviews of career and part-time peer EMT-B's and may assist in quality assurance review of BLS providers as requested by the Medical Director. Performs other duties as assigned.
- 1.4.3 Essential Functions: Ability to perform physically exertional tasks associated with the position. Must have excellent moral character. Ability to effectively present information and respond to questions from other health care providers, supervisors, patients and the general public. Must be able to apply the principals of logical thinking to a wide range of practical problems. Must have the ability to use sound judgment while quickly and logically analyzing problems, often under emotional stress. Ability to deal with the people and situations in a sensitive manner that reflects the rights of others. Must have considerable knowledge of the Maryland Medical Protocols. Should have the ability to operate a personal computer and other office equipment. If the patient being transported is a Priority 3 patient, the EMT-B/ EVO will perform patient care as the provider. If the EVO is at the ALS provider level, they will be expected to perform ALS skills under the Paramedic job description.
- 1.4.4 Physical Requirements: Regular use of the hands to handle, manipulate and feel objects and equipment; to reach, pull or push, to talk and hear. Employee if frequently required to sit, climb, stoop, run, stand, kneel and walk while carrying weight. Occasionally, jumping from 1-2 feet, crawling and smelling required. They employee must have good close vision, distance vision, peripheral vision and depth perception. They employee must be able to adjust focus. Vision can be corrected with glasses or contact lenses. The employee must not suffer from claustrophobia
- 1.4.5 Work environment: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently exposed to risk of infection. The employee occasionally works near moving mechanical parts: in high, precarious places, and in outside weather conditions and is occasionally exposed to fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration. The noise level in the work environment is usually moderate, however, on occasion is very loud when employee is exposed to sirens, air and gasoline operated equipment and helicopter engine noise.
- 1.4.6 Required licenses and certifications:  
Valid driver's license with no more than 3 points  
Current Maryland Emergency Medical Technician-Basic  
Current Healthcare Provider Cardio-Pulmonary Resuscitation

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## APPLICANT QUESTIONNAIRE

Applicant's full name: \_\_\_\_\_

Before completing an application for employment with the Dorchester County Department of Emergency Services, answer the questions below:

I received a copy of the position description.  YES  NO

Are you a citizen of the United States?  YES  NO

Are you at least twenty-one years of age?  YES  NO

Do you have a valid driver's license?  YES  NO

Do you have four or fewer points on your driver's license record?  YES  NO

Do you have a high school diploma or a general education development certificate?  YES  NO

Are you willing to work shift work?  YES  NO

Are you willing to work weekends and holidays?  YES  NO

Do you understand our current shifts are 24 hour shifts?  YES  NO

Do you understand that you may be assigned to any shift or station?  YES  NO

Are you physically and psychologically able to meet the demands for the position that you have applied for?

YES  NO

Are you currently certified as an EMERGENCY MEDICAL TECHNICIAN, CRT, or PARAMEDIC?

YES  NO

If you have answered NO to any of the above questions, you may not be eligible for employment with the Emergency Services Department.

Have you ever been convicted of a felony crime?  YES  NO

Have you ever been convicted of any crime in which the possible penalty was confinement in a jail or prison for one year or longer? (This question does not refer to what sentence you may have actually received, rather it refers to the maximum sentence of confinement that could have been received.)  YES  NO

Have you used any type of illegal drug or illegal controlled dangerous substance, within the past three years?

YES  NO

Have you ever sold, given, or provided another person with any illegal drug, or illegal controlled dangerous substance?

YES  NO

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Have you ever illegally used cocaine, heroin, opium, depressants (barbiturates, benzodiazepines, methaqualone, etc.) or stimulants (amphetamines, methamphetamines, etc.) hallucinogenic (LSD, PCP, mescaline, etc.)

\_\_\_\_ YES      \_\_\_\_ NO

Have you ever illegally used cannabis (marijuana, hashish, or any substance containing THC regularly?)

\_\_\_\_ YES      \_\_\_\_ NO

If you answered YES to any of the above questions, you may not be eligible for employment with the Emergency Services Department.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **PLEASE ATTACH COPIES OF THE FOLLOWING WITH YOUR APPLICATION**

- **Driver's License**
- **Social Security Card**
- **Highest Maryland and National Certifications**
- **ACLS, BCLS, PALS, CPR if applicable**
- **PHTLS, PEPP and other certifications related to EMS**
- **NIMS if you have already taken**
- **Birth Certificate**
- **High School Diploma**

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Mail completed application to (unless otherwise stated on job announcement) to:

Human Resources, 501 Court Lane, Room 113, Cambridge, MD 21613

This application is part of the hiring process and applicants must complete ALL sections in order to be considered a qualified applicant, even if resume is attached. We are an Equal Opportunity Employer

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APPLYING FOR:

JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

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## CONTACT INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST MI MAIDEN

SOCIAL SECURITY NUMBER: \_\_\_\_\_ ARE YOU OVER THE AGE OF 18? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIMARY CONTACT NUMBER: \_\_\_\_\_ SECONDARY CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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## EDUCATION AND TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? \_\_\_\_\_ HIGHEST GRADE COMPLETED: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATES ATTENDED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## COLLEGE AND GRADUATE SCHOOL EDUCATION

| NAME/LOCATION OF SCHOOL(S) | DATES ATTENDED | MAJOR | TYPE OF DEGREE | EARNED (Y/N) |
|----------------------------|----------------|-------|----------------|--------------|
|----------------------------|----------------|-------|----------------|--------------|

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## SPECIALIZED TRAINING/CERTIFICATIONS RELATED TO THE JOB

| TITLE OF PROGRAM/CERTIFICATION | COMPANY/SCHOOL | DATES ATTENDED | CERTIFICATE/DIPLOMA |
|--------------------------------|----------------|----------------|---------------------|
|--------------------------------|----------------|----------------|---------------------|

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PLEASE SUBMIT A COPY OF A RELEVANT PROFESSIONAL OR TRADE LICENSES OR CERTIFICATE WITH THIS APPLICATION. FOR POSITIONS REQUIRING A DRIVER'S, PLEASE ATTACH A COPY OF LICENSE.

IF UNDER THE AGE OF 18, CAN YOU PROVIDE PROOF OF ELIGIBILITY? \_\_\_\_\_

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## WORK EXPERIENCE

LIST BELOW, BEGINNING WITH YOUR MOST RECENT POSITION, ALL OF YOUR WORK EXPERIENCE, INCLUDING MILITARY SERVICE AND ALL VOLUNTEER ACTIVITIES. IF YOUR TITLE AND DUTIES CHANGED IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGES CLEARLY AND AS SEPARATE EMPLOYMENT. THIS NEEDS TO BE COMPLETED A RESUME WILL NOT TAKE PLACE OF THIS PORTION OF THE APPLICATION. BE SURE THAT THE INFORMATION INCLUDED IN THIS SECTION DEMONSTRATES THAT YOU MEET THE MINIMUM EXPERIENCE QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING FOR.

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### JOB NUMBER 1

NAME OF EMPLOYER: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT (FROM-TO): \_\_\_\_\_

SUPERVISORS NAME AND CONTACT NUMBER: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N \_\_\_\_\_

FULL TIME/ PART TIME: \_\_\_\_\_ IF YES HOW MANY? \_\_\_\_\_ THEIR JOB TITLE(S) \_\_\_\_\_

HOW MANY HOURS DO/DID YOU WORK PER WEEK? \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### JOB NUMBER 2

NAME OF EMPLOYER: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT (FROM-TO): \_\_\_\_\_

SUPERVISORS NAME AND CONTACT NUMBER: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N \_\_\_\_\_

FULL TIME/ PART TIME: \_\_\_\_\_ IF YES HOW MANY? \_\_\_\_\_ THEIR JOB TITLE(S) \_\_\_\_\_

HOW MANY HOURS DO/DID YOU WORK PER WEEK? \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### JOB NUMBER 3

NAME OF EMPLOYER: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT (FROM-TO): \_\_\_\_\_

SUPERVISORS NAME AND CONTACT NUMBER: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N \_\_\_\_\_

FULL TIME/ PART TIME: \_\_\_\_\_ IF YES HOW MANY? \_\_\_\_\_ THEIR JOB TITLE(S) \_\_\_\_\_

HOW MANY HOURS DO/DID YOU WORK PER WEEK? \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

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## JOB NUMBER 4

NAME OF EMPLOYER: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT (FROM-TO): \_\_\_\_\_

SUPERVISORS NAME AND CONTACT NUMBER: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N \_\_\_\_\_

FULL TIME/ PART TIME: \_\_\_\_\_ IF YES HOW MANY? \_\_\_\_\_ THEIR JOB TITLE(S) \_\_\_\_\_

HOW MANY HOURS DO/DID YOU WORK PER WEEK? \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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## JOB NUMBER 5

NAME OF EMPLOYER: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT (FROM-TO): \_\_\_\_\_

SUPERVISORS NAME AND CONTACT NUMBER: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N \_\_\_\_\_

FULL TIME/ PART TIME: \_\_\_\_\_ IF YES HOW MANY? \_\_\_\_\_ THEIR JOB TITLE(S) \_\_\_\_\_

HOW MANY HOURS DO/DID YOU WORK PER WEEK? \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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## JOB NUMBER 6

NAME OF EMPLOYER: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

DATE OF EMPLOYMENT (FROM-TO): \_\_\_\_\_

SUPERVISORS NAME AND CONTACT NUMBER: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_ DID YOU SUPERVISE OTHER EMPLOYEE'S? Y/N \_\_\_\_\_

FULL TIME/ PART TIME: \_\_\_\_\_ IF YES HOW MANY? \_\_\_\_\_ THEIR JOB TITLE(S) \_\_\_\_\_

HOW MANY HOURS DO/DID YOU WORK PER WEEK? \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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ANY ADDITION INFORMATION YOU WOULD LIKE TO PROVIDE:

\_\_\_\_\_

\_\_\_\_\_

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PLEASE DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES THAT MAY BE RELEVANT FOR THE POSITION IN WHICH YOU ARE APPLYING FOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY THAT MAY BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING FOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

(PLEASE DO NOT INCLUDE FAMILY MEMBERS)

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP



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ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION?  
 YES  NO IF YES PLEASE GIVE THE DATE, PLACE OF CONVICTION CHARGE AND DISPOSITION OF EACH CASE.  
NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

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HAVE YOU EVER FILED AN APPLICATION WITH DORCHESTER COUNTY BEFORE?  YES  NO  
IF YES, WHEN AND IN WHAT POSTION? \_\_\_\_\_

DO YOU CURRENTLY HAVE ANY RELATIVES EMPLOYED BY DORCHESTER COUNTY?  YES  NO  
IF YES, PLEASE PROVIDE NAMES: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO  
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO  
NOTE: YOUR FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE WITHOUT YOUR CONSENT.

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK:  FULL TIME  PART TIME  SHIFT WORK  TEMPORARY

CAN YOU TRAVEL IF THE JOB REQUIRES IT?  YES  NO

ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH?  YES  NO  
IF YES, WHAT LANGUAGE(S)? \_\_\_\_\_

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YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR HIRE. VERIFICATION WILL BE COMPLETED. YOU MAY BE TESTED FOR ILLEGAL DRUG USE. YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB RELATED FUNCTIONS.

BY SIGNING THIS APPLICATION YOU ARE AUTHORIZING DORCHESTER COUNTY GOVERNMENT TO INVESTIGATE YOUR BACKGROUND AND QUALIFICATIONS FOR PURPOSES OF EVALUATION WHETHER YOU ARE QUALIFIED FOR THE POSITION FOR WHICH YOU ARE APPLYING. YOU SHOULD UNDERSTAND THAT DORCHESTER COUNTY GOVERNMENT MAY UTILIZE AN OUTSIDE LAW ENFORCEMENT AGENCY, FIRM, OR FIRMS TO ASSIST IN CHECKING SUCH INFORMATION, AND YOU SPECIFICALLY AUTHORIZE SUCH AN INVESTIGATION. YOU ALSO UNDERSTAND THAT YOU MAY WITHHOLD YOUR PERMISSION AND THAT IN SUCH A CASE, NO INVESTIGATION WILL BE DONE, AND YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE PROCESSED FURTHER. ANY PERMISSION WITH HELD MUST BE PROVIDED TO HUMAN REASOURCES IN WRITING TO INCLUDE YOUR SIGNATURE AND DATE OF REQUEST. I HEREBY AFFIRM THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATIONS OR FALSIFICATIONS MY APPLICATION WILL BE DISAPPROVED AND MAY RESULT IN TERMINATION IF EMPLOYED. I FURTHER UNDERSTAND THAT ANY INFORMATION GIVEN DURING AN INTERVIEW THT IS FALSE OR MISLEADING MAY RESULT IN DISAPPROVAL AND TERMINATION IN EMPLOYED. I FURTHER UNDERSTAND THAT ANY EMPLOYMENT RELATIONSHIP WITH DORCHESTER COUNT IS OF AN " AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAT RESIGN AT ANY TIME AND THE EMPLOYER MAY TERMINATE THE EMPLOYEE AT ANYTIME WITH OR WITHOUT CAUSE. THE "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CINDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE COUNTY MANAGER OR COUNCIL.

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SIGNATURE OF APPLICANT

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DATE