

# Annmarie Garden

**Annmarie Garden**  
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Dowell, Maryland 20629  
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Email: [gardendirector@chesapeake.net](mailto:gardendirector@chesapeake.net)  
Web Address: [www.annmariegarden.org](http://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? \_\_\_\_\_

Are you related by blood or marriage to any elected or appointed official or employee of 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.

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**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.

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**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 \_\_\_\_\_