

**MONTGOMERY COUNTY REVENUE AUTHORITY**

101 Monroe Street, Suite 410 · Rockville, MD 20850

Phone: (301) 762-9080

**EMPLOYMENT APPLICATION**

It is the policy and practice of the Montgomery County Revenue Authority (MCRA) to select new employees and to promote current employees based on qualifications only, without regard to race, religion, color, national origin, gender, marital status, age, sexual orientation, or disability.

Position Desired: \_\_\_\_\_ Location: \_\_\_\_\_

Date Available: \_\_\_\_\_ Available for:  Full-time  Part-time  Seasonal

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle Prefer to be Called (nickname)

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

Telephone (please include area code):

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Present Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(Optional)

Have you ever been an applicant or an employee of the MCRA?  Yes  No

If YES:  Prior Applicant  Former Employee

Date of Application or Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position Applied for or Held: \_\_\_\_\_

**EDUCATION AND TRAINING:**

Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate?  Yes  No Date: \_\_\_\_\_

***Colleges and Universities Attended***

School Name, City, and State: \_\_\_\_\_

Type of Diploma/Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

**GENERAL INFORMATION:**

Have you ever been dismissed or asked to resign from any position?  Yes  No  
If yes, please explain below:

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**Employment History:**

***Present or Most Recent Position:***

Employer Name: \_\_\_\_\_

Term of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Salary: Starting \$\_\_\_\_\_ to Ending \$\_\_\_\_\_ Per  Hour  Year

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

Telephone (please include area code): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Number and Kind of Employees Supervised: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

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***Please list below any additional information you consider pertinent to your application for employment (including school honors, organization memberships, military service, volunteer service, unique skills, etc.):***

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***PLEASE READ BEFORE SIGNING:***

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize MCRA to make an investigation of any of the facts set forth in this application.

I authorize my previous employers, schools, or persons named as references to give any information regarding employment, educational, or volunteer record. I agree that MCRA and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with MCRA, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that employment with MCRA is "at will," which means that either I or MCRA can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of MCRA, other than the Executive Director, has any authority to alter the foregoing.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**NOTICE UNDER MD CODE ANN., LAB. & EMPL. SEC. 3-702**

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

*Thank you for your interest in the Montgomery County Revenue Authority.*

An Equal Opportunity Employer.

Please email completed application to: [jgilson@mcra-md.com](mailto:jgilson@mcra-md.com)