

Maryland

APPLICATION FOR EMPLOYMENT

Department of Budget & Management
Office of Personnel Services and Benefits
301 West Preston Street
Baltimore, Maryland 21201

(OFFICE USE ONLY)

CLASS NUMBER	EDUCATION		

APPR. _____ DISAPPR. _____ BY: _____

Reason _____

SOCIAL SECURITY NUMBER

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PRINT OR TYPE ALL INFORMATION

1. APPLYING FOR:

Your application is part of the examination process. Read the minimum qualifications section of the Job Bulletin. Bulletins are available on our Website (<http://dop.state.md.us>), at our office at 300 W. Preston St. in Baltimore or by phone at 410-767-4850. You must meet all minimum qualifications.

Title of State job: _____

(A separate application is required for each job title unless otherwise indicated)

2. TELL US WHO YOU ARE.

Name _____

Last

First

MI

Address _____

Street

City

County

State

Zip Code

Home Phone () _____ Business Phone () _____ E-Mail _____

Are you fluent in a language other than English? Yes _____ No _____ If yes, please list: _____

3. TELL US ABOUT YOUR EDUCATION.

HIGH SCHOOL graduate or GED? Yes _____ No _____ If no, highest grade completed: _____

School _____ Address (City, State) _____

Dates attended _____ — _____ Major course of study _____

FROM

TO

COLLEGE graduate? Yes _____ No _____ If no, give total credits received _____

REQUIRED: Give name & address of school, dates attended, major course of study, degree and date received.

Undergraduate College/University

Graduate School

Pertinent undergraduate courses

Credits

Pertinent graduate courses

Credits

TRADE/TECHNICAL school _____ Dates attended _____ — _____

FROM

TO

Address (City, State) _____ Major _____ Diploma/Certificate received? Yes _____ No _____

4. TELL US ABOUT YOUR WORK EXPERIENCE.

1.) Your **present or last job**. Where did you work? Name of employer: _____
Address where you worked: _____
Your supervisor's name and telephone number: _____
Your job title: _____ From: ____/____/____ To: ____/____/____
Hours per week: _____ Number of persons you supervised: _____ Job duties (give details): _____

Reason for leaving: _____

2.) Your **next most recent job**. Where did you work? Name of employer: _____
Address where you worked: _____
Your supervisor's name and telephone number: _____
Your job title: _____ From: ____/____/____ To: ____/____/____
Hours per week: _____ Number of persons you supervised: _____ Job duties (give details): _____

Reason for leaving: _____

3.) Your **next most recent job**. Where did you work? Name of employer: _____
Address where you worked: _____
Your supervisor's name and telephone number: _____
Your job title: _____ From: ____/____/____ To: ____/____/____
Hours per week: _____ Number of persons you supervised: _____ Job duties (give details): _____

Reason for leaving: _____

(ATTACH ADDITIONAL PAGES, IF NEEDED)

"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."

Have you ever been convicted of any violation of law other than minor traffic violations? Yes ___ No ___ If yes, give date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment.

This provision does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article, Section 3-702 (b) (Annotated Code of Maryland).

DATE _____ SIGNATURE OF APPLICANT _____

BE SURE TO INCLUDE ALL PERTINENT MILITARY AND VOLUNTEER EXPERIENCE. FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR CONSENT.

4.) Your **next most recent job**. Where did you work? Name of employer: _____
Address where you worked: _____
Your supervisor's name and telephone number: _____
Your job title: _____ From: ____/____/____ To: ____/____/____
Hours per week: _____ Number of persons you supervised: _____ Job duties (give details): _____

Reason for leaving: _____

5.) Your **next most recent job**. Where did you work? Name of employer: _____
Address where you worked: _____
Your supervisor's name and telephone number: _____
Your job title: _____ From: ____/____/____ To: ____/____/____
Hours per week: _____ Number of persons you supervised: _____ Job duties (give details): _____

Reason for leaving: _____

6.) Your **next most recent job**. Where did you work? Name of employer: _____
Address where you worked: _____
Your supervisor's name and telephone number: _____
Your job title: _____ From: ____/____/____ To: ____/____/____
Hours per week: _____ Number of persons you supervised: _____ Job duties (give details): _____

Reason for leaving: _____

(ATTACH ADDITIONAL PAGES, IF NEEDED)

5. DO YOU HAVE A LICENSE OR CERTIFICATE FOR A TRADE OR PROFESSION?

If yes, submit a copy with this form.

6. FOR POSITIONS REQUIRING A DRIVER'S LICENSE, PLEASE ATTACH A COPY OF YOUR LICENSE OR SUBMIT, IN WRITING, YOUR DRIVER'S LICENSE NUMBER, CLASS, STATE OF ISSUANCE AND EXPIRATION DATE.

**WHERE WILL YOU ACCEPT EMPLOYMENT IN MARYLAND ?
[PLEASE CIRCLE APPROPRIATE NUMBER(S)]**

- 00-ANY AREA OF THE STATE
- 10-GARRETT, ALLEGANY, WASHINGTON (COUNTY)
- 20-FREDERICK, CARROLL, MONTGOMERY
- 30-BALTIMORE CITY, BALTIMORE, HOWARD
- 40-HARFORD, CECIL, KENT
- 50-PRINCE GEORGE'S, CHARLES, CALVERT, ST. MARY'S
- 60-ANNE ARUNDEL, QUEEN ANNE'S, TALBOT, CAROLINE
- 70-DORCHESTER, WICOMICO, SOMERSET, WORCESTER

**HOW DID YOU FIND OUT ABOUT THIS POSITION?
[PLEASE CHECK APPROPRIATE SPACE(S)]**

- _____ Newspaper Advertisement _____ (Name of Paper)
- _____ State Personnel Office _____ (Office Location)
- _____ Internet (http://dop.state.md.us)
- _____ DLLR Job Service _____ (Office Location)
- _____ Job Fair _____ (Location)
- _____ Media _____
- _____ State Employee _____
- _____ Other _____

AVAILABLE FOR EMPLOYMENT WHICH IS: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY _____ CONTRACTUAL



AFTER OFFICIAL TEST NOTICE IS RECEIVED, APPLICANTS WITH DISABILITIES REQUIRING TEST ACCOMMODATIONS SHOULD CONTACT THE OFFICE OF PERSONNEL SERVICES AND BENEFITS AT (410) 767-4921, OR TOLL FREE 800-705-3493. *TTY/TT USERS CALL THE MARYLAND RELAY SERVICE 1-800-735-2258.

ELIGIBILITY FOR VETERAN CREDIT

PROOF OF ELIGIBILITY (DD 214) FOR VETERAN CREDIT MUST BE IN THIS OFFICE AND COMPLETELY VERIFIED BEFORE VETERAN CREDIT WILL BE CREDITED. ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE FOR USE IN RETURNING PROOF. PROOF NEED BE SUBMITTED ONE TIME ONLY.

Applications must be received in the Office of Personnel Services and Benefits by the announced closing date, or postmarked by the closing date. A receipt will be mailed if a self-addressed stamped envelope is attached. NOTIFY THE OFFICE OF PERSONNEL SERVICES AND BENEFITS IN WRITING OF CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER.

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

YOU MUST MEET ALL MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR APPOINTMENT. VERIFICATION WILL BE COMPLETED BY THE APPOINTING AUTHORITY. YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE CLASSIFIED SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB RELATED FUNCTIONS.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name removed from eligible list and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.

DATE _____ SIGNATURE OF APPLICANT _____

(Remove this section of the application prior to the interview process.)

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE STATE OF MARYLAND REQUESTS APPLICANTS TO PROVIDE, VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

BIRTH DATE:

YR.	MO.	DAY

 MALE _____ FEMALE _____ ARE YOU A U. S. CITIZEN OR LEGAL ALIEN? YES _____ NO _____

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ONE ONLY

1. _____ WHITE (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
2. _____ BLACK (NOT OF HISPANIC ORIGIN): INCLUDES AFRICAN-AMERICANS AND OTHER PERSONS HAVING ORIGINS IN ANY OF THE BLACK RACIAL PEOPLES OF AFRICA.
3. _____ ASIAN OR PACIFIC ISLANDERS: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUB CONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, JAPAN, KOREA, THE PHILIPPINE ISLANDS, AND SAMOA.
4. _____ AMERICAN INDIAN OR ALASKAN NATIVE: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION.
5. _____ HISPANIC: INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.