



OFFICE USE ONLY	
_____	APPROVED
_____	DISAPPROVED
_____	PENDING
_____	BY
_____	REASON

APPLICATION (DTS-1) RECRUITMENT AND EXAMINATION

Please fill out completely. Omissions may result in application being rejected. Resumes may NOT be substituted for this application. Type or print clearly. Information provided is confidential and will only be used by authorized personnel. Applicants who are within six (6) months of meeting the education and/or experience qualifications may be approved for the examination pending completion of those requirements.

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

Position Applied For: _____

Last Name: _____ First Name: _____ MI: _____

Address (Number and Street or RFD): _____

City: _____ County: _____ State: _____ Zip Code: _____ -

Home Phone: () - _____ Work Phone: () - _____

Email Address: _____

Please click or type "X" where you will accept employment.

- | | |
|--|--|
| <input type="checkbox"/> Garrett | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Charles |
| <input type="checkbox"/> Washington County | <input type="checkbox"/> Calvert |
| <input type="checkbox"/> Frederick | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Anne Arundel |
| <input type="checkbox"/> Montgomery | <input type="checkbox"/> Queen Anne's |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Caroline |
| <input type="checkbox"/> Howard | <input type="checkbox"/> Dorchester |
| <input type="checkbox"/> Harford | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Kent | <input type="checkbox"/> Worcester |

Please click or type "X" to identify the source(s) from which you learned about this position.

- MDOT Web Site
- Other Website (specify) _____
- Newspaper / Journal (specify) _____
- Career Fair (specify) _____
- Radio or Television (specify) _____
- College Recruitment (specify) _____
- High School Recruitment (specify) _____
- Employment Office (specify) _____
- Bulletin Board (specify) _____
- Heard about from an Employee
- Other (specify) _____

Please click or type "X" to identify availability below.

- Full-Time Employment Only
- Part-Time Employment Only
- Full-Time and/or Part-Time Employment

Applicants are requested to voluntarily provide this information for statistical purposes only; failure to do so will not affect your chances of employment.

Birth Date: _____

Language(s) Spoken: _____

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Ethnic/Race Identification	
<input type="checkbox"/> Check this block if you are of Hispanic or Latino origin.	
Race: Select one or more. If multiracial, check all that apply.	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

AN EQUAL OPPORTUNITY EMPLOYER

www.mdot.maryland.gov

EDUCATION:

Did you graduate from high school or have you obtained a GED?

 Yes No

Name of High School: _____

Address: _____

If no, enter the highest grade successfully completed: _____

NAME OF COLLEGE/UNIVERSITY:		NAME OF COLLEGE/UNIVERSITY:	
ADDRESS:		ADDRESS:	
DATES ATTENDED FROM:	TO:	DATES ATTENDED FROM:	TO:
MAJOR:		MAJOR:	
NUMBER OF CREDIT HOURS COMPLETED:	DEGREE TITLE & YEAR RECEIVED:	NUMBER OF CREDIT HOURS COMPLETED:	DEGREE TITLE & YEAR RECEIVED:
LIST PERTINENT UNDERGRADUATE COLLEGE SUBJECTS COMPLETED	SEMESTER CREDIT HOURS	LIST PERTINENT GRADUATE COLLEGE SUBJECTS COMPLETED	SEMESTER CREDIT HOURS
Trade or Technical School	Course	Course Work Completed?	Certificate Awarded (Title and Date)

Are you a current permanent State employee? Yes or NoAre you a contractual or temporary employee for the State? Yes or No If yes, start date _____
(Please check 'No' if you are employed by a staffing agency)If you are a permanent, contractual or temporary employee for a State agency please indicate where you currently work?
_____If you are currently a permanent MDOT employee, at which Administration are you assigned? If yes, please click or type "X" in the appropriate box. MAA MDTA MPA MTA MVA SHA TSO

Veteran status - Please check below:

 I am a veteran I am a disabled veteran I am a spouse of a **disabled** veteran I am not a veteran**If you indicated veteran status, you MUST submit documentation* of this status prior to the completion of the recruitment for which you are applying.** Be sure to note the recruitment you are applying for on the documentation. Please fax (410-865-1301), email (mdotvets@mdot.state.md.us), or mail (MDOT Headquarters, Recruitment and Exams Unit, 7201 Corporate Center Drive, Hanover, MD 21076). **THIS DOCUMENTATION MUST BE SUBMITTED EACH TIME YOU APPLY.**

*Documentation may include any of the following: Honorable discharge or certificate of service (Form DD 214), United States Unformed Services ID card (DD Form 2), evidence of service connected disability [for example, letter from Veteran's Administration dated within the last six (6) months], spouse enlistment, induction or entry to active duty, marriage license or certificate of marriage, and/or death certificate or other acceptable proof showing date of spouse's death.

EMPLOYMENT RECORD

* List all relevant work experience, including experience gained in the armed forces, different jobs held within the same organization, pertinent volunteer work, and part-time employment.

* Please list your MOST RECENT work experience FIRST.

* For some positions, the application may be evaluated for a test score, so please be specific in describing actual tasks performed.

* **If you are a contractor or consultant and work at a State agency, please be sure to list the company's name as the employer, not the State agency where you currently work.**

* If more space is required, you may attach additional pages to the application. Be sure to put your name and last four digits of your Social Security Number on all additional pages.

A

COMPANY NAME:	SUPERVISOR'S NAME:	TELEPHONE NUMBER: () -	
ADDRESS:	FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:	JOB TITLES OF PERSONS SUPERVISED:		
DATE: (MONTH/YEAR) From: To:	JOB TITLE:		
SPECIFIC DUTIES (attach additional pages if necessary):			

B

COMPANY NAME:	SUPERVISOR'S NAME:	TELEPHONE NUMBER: () -	
ADDRESS:	FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:	JOB TITLES OF PERSONS SUPERVISED:		
DATE: (MONTH/YEAR) From: To:	JOB TITLE:		
SPECIFIC DUTIES (attach additional pages if necessary):			

C

COMPANY NAME:	SUPERVISOR'S NAME:	TELEPHONE NUMBER: () -	
ADDRESS:	FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:	JOB TITLES OF PERSONS SUPERVISED:		
DATE: (MONTH/YEAR) From: To:	JOB TITLE:		
SPECIFIC DUTIES (attach additional pages if necessary):			

D	COMPANY NAME:		SUPERVISOR'S NAME:		TELEPHONE NUMBER: () -	
	ADDRESS:		FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	
	REASON FOR LEAVING:		JOB TITLES OF PERSONS SUPERVISED:			
	DATE: (MONTH/YEAR) From: _____ To: _____		JOB TITLE:			
	SPECIFIC DUTIES (attach additional pages if necessary):					

May we contact your current employer? If no, please explain.

List any additional information that may help evaluate your qualifications for the position. Examples are special skills, computer programs, licenses, certifications, training seminars and workshops, etc.

LICENSES: If a license, certificate, or any other authorization to practice a trade or profession is required, complete the following section. All requirements under the licensing section of the job specifications must be complied with, and verification must be submitted with this application form.

TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (Licensing Board)
TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (Licensing Board)

The Maryland Department of Transportation has permission to access my driving record if required for this position. Yes No

Driver's License: (You must provide the following information for positions requiring a valid driver's license.)

Issued by the State of: _____ Expiration Date: _____
 License Number: _____ Class: _____ Birth Date: _____

Check if you are interested in Contractual and/or Temporary positions*:

Yes, I am interested in Contractual/Temporary positions.

No, I am **not** interested in Contractual/Temporary Positions.

*** No State paid benefits are offered for Temporary or Contractual positions.**

I acknowledge that if I have requested veteran status, I must send in the appropriate documentation **each time I apply** for a position.

I am not a veteran I am a veteran, and will send in the appropriate documentation (see page 2 for submission details)

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, 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. 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.

I certify that all information contained on this application is true and complete. I authorize the Maryland Department of Transportation to contact all sources and/or conduct a thorough background investigation, as necessary, to verify the information contained on this application. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for rejection from the examination process, removal from the list of eligibles, withdrawal of an offer of employment or immediate discharge.

SIGNATURE OF APPLICANT

DATE