



www.workformaryland.com



Do not fill this out if you have access to the internet! We have our application process online. Complete one application, apply for multiple jobs. Find out the status of your application 24 hrs a day, 7 days a week!! Receive email notifications of new job openings through our online interest file. An email address is all you need. Free email accounts are available from various providers. Don't have a computer? Public libraries offer free access to computers or visit our State Employment Center at 301 W. Preston Street, Room 510A, Baltimore, 21201.

You are required to provide the following information:

First 3 Letters of Last Name at Birth: _____ **Birth Month:** _____ **Birth Day:** _____ **Last 4 digits of SSN** _____

Personal and Contact Information

Job Number: _____ - _____ - _____ Job Title: _____

Name: _____
Last First Middle

Address: _____
Number, Street and Apt.

City: _____ County: _____ State: _____ Zip: _____

Phone: _____
Primary Ok to leave msg? Work Ok to leave msg? Alternate Ok to leave msg?

Email Address: _____

How did you hear about this job opening? _____

Employment Preference

- Never been employed by the State of Maryland
- Current employee of the State of Maryland
- Former employee who has held employment with the State of Maryland in the past three years.
- Former employee whose most recent employment with the State of Maryland was over three years ago

If a current/former employee of the State of Maryland, provide the following information at time of separation:

First Name _____ Last Name _____
_____ (Provide the initial that is/was in employee record to ensure that appropriate extra points are awarded) _____
Middle Initial _____ Birth Year _____

Will this be secondary employment? Yes No

Available for employment which is? Full-time Part-time

Do you have a valid Driver's license? Yes No *(For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance and expiration date.)*

Voluntary Equal Opportunity Information

To further its commitment to equal opportunity employment, the State of Maryland requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

Birthdate: _____

Gender: Male Female

Citizenship: U.S. Citizen Legal Alien Other

Race: Are you Hispanic or Latino? Yes No

If you are not Hispanic or Latino, what is your race? Please select one.

Unknown/Decline to state

Decline to state.

Asian

Origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American

Origins in any of the black racial groups of Africa

American Indian or Alaska Native

Origins in any of the original peoples of North or South American, including Central America, and who maintains tribal affiliations or community attachment.

Pacific Islander or native Hawaiian

Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

Origins in any of the original peoples of Europe, the Middle East, or North Africa

Veteran's Information:

Do you seek veteran's preference? Yes No

A copy (not original) of your proof eligibility DD-214 for Veterans Credit must be submitted and completely verified before Veterans Credit will be approved. Proof will only need to be submitted once. Regular State employees do not need to submit proof of eligibility for Veterans Credit. If Yes, you must also submit DD Form 214.

If you answered Yes to seeking veteran's preference, select ONE of the following that best describes your situation:

I am an honorably discharged veteran

I am a service-disabled veteran

I am a former prisoner of war (POW)

I am a Vietnam veteran

I am a service-disabled Vietnam veteran

I am the spouse of a deceased eligible veteran

I am the spouse of a service-disabled veteran

If you are a veteran, have you been honorably discharged? Yes No

Are you fluent in a language other than English? (if required for the job for which you are applying)

Yes No If yes, please list: _____

Education and Training

Do you have a high school diploma or GED? Yes No If no, what is the highest grade you completed? _____

School: _____ Address (City, State): _____

Dates attended: _____ - _____ Major course of study: _____
From To

College and Graduate School Education

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

Specialized Training or Classes Relevant to the Job

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application.

Work Experience

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.

Job Number 1: (Current or Most Recent)	
Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? _____
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Job Titles of Those You Supervise:
	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many hours do you work per week?
Job Dates: Reason For Leaving:	

Work Experience - Continued

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name, Title and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name, Title and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 4:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name, Title and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Locations

In which counties will you accept employment?

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

YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE SKILLED OR PROFESSIONAL SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS.

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)

"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.

DATE

SIGNATURE OF APPLICANT