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Please visit our website at [jobaps.com/MD](http://jobaps.com/MD) to obtain job information, view open positions, apply online, and more. If you do not have Internet access, you can apply at no cost at your local public library or your county's [American Job Center](#). The paper application should only be completed if you are unable to apply online.

**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

## Driver's License Information

Do you have a valid driver's license?  Yes  No  N/A

*This information must be provided if a driver's license is a minimum requirement. Please select the license class. Non-drivers should provide information from state-issued identification card, if available.*

Class:  A  B  C  ID Card  Other

Out of State License Class: \_\_\_\_\_

Issuing State: \_\_\_\_\_

License Number: \_\_\_\_\_

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:**

Have you served on active duty in the military?  Yes  No

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

**Disability:**

*The State of Maryland offers preference to Individuals with Disabilities as defined by the federal Americans with Disabilities Act (ADA) of 1990, as amended. This information is used to award preference only, and is not available to hiring managers. An individual with a disability typically is defined as someone who (1) has a physical or mental impairment that substantially limits one or more "major life activities" (e.g., major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working; it also includes major bodily functions including, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions),(2) has a record of such an impairment, or (3) is regarded as having such an impairment.*

Are you seeking disability preference?  Yes  No

**Language Fluency:**

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

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.

<small>Job Number 1: (Current or Most Recent)</small>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?	Job title(s) 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:			

## 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:	<table border="1"> <tr> <td>Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?</td> <td>Job title(s) of those you supervised:</td> </tr> </table>	Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?	Job title(s) of those you supervised:
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?	Job title(s) of those you supervised:		
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u> ):	Was your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How many hours did 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:	<table border="1"> <tr> <td>Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?</td> <td>Job title(s) of those you supervised:</td> </tr> </table>	Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?	Job title(s) of those you supervised:
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?	Job title(s) of those you supervised:		
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u> ):	Was your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How many hours did 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:	<table border="1"> <tr> <td>Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?</td> <td>Job title(s) of those you supervised:</td> </tr> </table>	Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?	Job title(s) of those you supervised:
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many?	Job title(s) of those you supervised:		
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u> ):	Was your position considered full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How many hours did 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.

“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 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 the 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.***

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DATE

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SIGNATURE OF APPLICANT