

# State of Maryland

MAIL APPLICATION TO THE ADDRESS  
INDICATED ON THE JOB ANNOUNCEMENT

For Job Announcements visit: [www.dbm.maryland.gov](http://www.dbm.maryland.gov)  
or call 410-767-4850

(OFFICE USE ONLY)

APPR. \_\_\_\_\_ DISAPPR. \_\_\_\_\_ BY \_\_\_\_\_

Reason: \_\_\_\_\_

Pending Code: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRINT OR TYPE ALL INFORMATION

This application is part of the examination process. Please read the minimum qualifications section of the job announcement before completing this application. You must meet all of the qualifications to be considered.

## Applying For:

Job Title: \_\_\_\_\_ Announcement #: \_\_\_\_\_

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

## Name and Contact Information:

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

Last

First

MI

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

Street

City

County

State

Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Education and Training:

Do you have a high school diploma or GED? Yes  No  If not, what is the highest grade that 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. 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.

## 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 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"/>	
Job Duties:	How many hours do you work per week?	
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	How many hours did you work per week?	
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	How many hours did you work per week?	
Reason For Leaving:		

## ELIGIBILITY FOR VETERANS' CREDIT

A copy (not an original) of your proof of eligibility (DD 214) for Veterans' Credit must be in this office and completely verified before Veterans' Credit will be approved. Proof will only need to be submitted once. Permanent State employees do not need to submit proof of eligibility for Veterans' Credit.

Job Number 4:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours did you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 5:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours did you work per week?	
Job Duties:		
Reason For Leaving:		

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:

**“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.

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.)

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

<b>In which counties will you accept employment? Please check the box on the left if you will work in all of the counties in that row, OR, circle individual counties of interest.</b>	
<input type="checkbox"/>	
10 <input type="checkbox"/>	GARRETT - 11, ALLEGANY - 12, WASHINGTON - 13
20 <input type="checkbox"/>	FREDERICK - 21, CARROLL - 22, MONTGOMERY - 23
30 <input type="checkbox"/>	BALTIMORE CITY - 31, BALTIMORE COUNTY - 32, HOWARD - 33
40 <input type="checkbox"/>	HARFORD - 41, CECIL - 42, KENT - 43
50 <input type="checkbox"/>	PRINCE GEORGE'S - 51, CHARLES - 52, CALVERT - 53, ST. MARY'S - 54
60 <input type="checkbox"/>	ANNE ARUNDEL - 61, QUEEN ANNE'S - 62, TALBOT - 63, CAROLINE - 64
70 <input type="checkbox"/>	DORCHESTER - 71, WICOMICO - 72, SOMERSET - 73, WORCESTER - 74

<b>How did you find out about this recruitment? Check the correct box and add information such as the name of the publication or site.</b>	
OPSB Website	<input type="checkbox"/>
Other Website	<input type="checkbox"/>
Newspaper ad, paper name	<input type="checkbox"/>
State Personnel Office location	<input type="checkbox"/>
DLLR Job Service location	<input type="checkbox"/>
Job Fair	<input type="checkbox"/>
Other Media	<input type="checkbox"/>
Other	<input type="checkbox"/>

**AVAILABLE FOR EMPLOYMENT WHICH IS:**  Full-time  Part-time  Temporary  Contractual

**After a test notice is received, applicants with disabilities who require accommodations should contact the Office of Personnel Services and Benefits at (410) 767-4921, or Toll Free: 1 (800) 705-3493. TTY/TT users call the Maryland Relay Service at (800) 735-2258 or 7-1-1 in Maryland.**

Applications must be received by the Office of Personnel Services and Benefits (or the recruiting agency) by either the close of business on the closing date, or postmarked by the closing date, as specified on the job announcement for which you are applying. A receipt will be mailed if a self-addressed, stamped envelope is attached. NOTIFY THE OFFICE OF PERSONNEL SERVICES AND BENEFITS IN WRITING OF A 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 OF THE 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 SKILLED OR PROFESSIONAL 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 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.

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: _____ Month/Day/Year	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES <input type="checkbox"/> NO <input type="checkbox"/>
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**RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY**

Are you of Hispanic or Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
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Select one or more of the following racial categories:

1.  American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2.  Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3.  Black or African American (A person having origins in any of the black racial groups of Africa.)
4.  Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5.  White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)