



APPLICATION FOR EMPLOYMENT

Division of Rehabilitation Services
 Personnel Office
 2301 Argonne Drive
 Baltimore MD 21218
 410-333-3045 (TTY) 410-333-8950 (FAX)
 Websites: <http://marylandpublicschools.org>
www.dors.state.md.us
 Email: jobs@msde.state.md.us

Applicants with a disability who need special arrangements/accommodations should call 410-554-9393 (voice) or 410-554-9399 (TTY)

MSDE OFFICE USE ONLY

Approved

Disapproved

Ranking:

Education:

Experience:

Reason:

By:

SOCIAL SECURITY NUMBER

--

POSITION APPLYING FOR

(Print or type all information. A separate application is required for each title.)

Position Title

Position Number

Available for employment which is: Full-time Part-time Temporary Contractual

NAME AND CONTACT INFORMATION

Last Name		First	Middle	Home Phone	Business Phone
Street Address				Cell Phone	
City	State	Zip Code	Email Address		

EDUCATION

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: _____

COLLEGE AND GRADUATE SCHOOL EDUCATION

NAME and LOCATION OF SCHOOL(S) Please provide city and state	Dates Attended	MAJOR	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)
Name: Location:					

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB

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

EMPLOYMENT RECORD

1. Please list all work experience including armed forces, different jobs within the same organization, pertinent volunteer work, and part-time employment
2. Report your most recent work experience first.
3. MSDE reserves the right to verify employment records and use your former employers as references.
4. If more space is required, you may attach additional information to this Application.

Date (Month/Year) From: To:	Years	Months	Supervisor's Name and Title	Telephone	
Company Name: Address:					
Job Title:					
Specific Duties:					
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	No. of Hours Worked Per Week	Last Salary	No. of Persons Supervised	Reason for Leaving

Date (Month/Year) From: To:	Years	Months	Supervisor's Name and Title	Telephone	
Company Name: Address:					
Job Title:					
Specific Duties:					
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	No. of Hours Worked Per Week	Last Salary	No. of Persons Supervised	Reason for Leaving

Date (Month/Year) From: To:	Years	Months	Supervisor's Name and Title	Telephone	
Company Name: Address:					
Job Title:					
Specific Duties:					
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	No. of Hours Worked Per Week	Last Salary	No. of Persons Supervised	Reason for Leaving

Date (Month/Year) From: To:	Years	Months	Supervisor's Name and Title	Telephone	
Company Name: Address:					
Job Title:					
Specific Duties:					
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	No. of Hours Worked Per Week	Last Salary	No. of Persons Supervised	Reason for Leaving

Date (Month/Year) From: To:	Years	Months	Supervisor's Name and Title	Telephone	
Company Name: Address:					
Job Title:					
Specific Duties:					
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	No. of Hours Worked Per Week	Last Salary	No. of Persons Supervised	Reason for Leaving

LICENSES AND CERTIFICATES			
<p>If a license, certificate, or other authorization to practice a trade or profession is required as noted on the Position Announcement, complete the following section. All such requirements for licensing and certification must be complied with, and a copy of the license or certification must be submitted with this Application.</p> <p>For teachers/administrators certificates, list type of certification.</p>			
Type of License	License Number	Expiration Date	Granted by (Licensing Board)
Type of License	License Number	Expiration Date	Granted by (Licensing Board)
Type of License	License Number	Expiration Date	Granted by (Licensing Board)
<p>Please submit a copy of 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.</p>			

ADDITIONAL INFORMATION
<p>List any additional information that may help us evaluate your qualifications for the position applied for; i.e., special skills, computer programs, et cetera.</p>
<p>Are you fluent in a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:</p>

How did you learn of this position?

- | | |
|---|---|
| <input type="checkbox"/> Baltimore Sun | <input type="checkbox"/> Washington Post |
| <input type="checkbox"/> Baltimore/Washington Afro American | <input type="checkbox"/> MSDE Website |
| <input type="checkbox"/> Local Publication (Specify): | <input type="checkbox"/> Professional Journal |
| <input type="checkbox"/> Employee Referral (Name): | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Local School System | <input type="checkbox"/> Other Website (Specify): |

CONVICTION RECORD NOTIFICATION/ACKNOWLEDGEMENT

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, but you may be subject to a criminal background investigation.

"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."

NOTE: 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).

CERTIFICATION

Applications must be received by the Human Resource Management Branch of the Maryland State Department of Education 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 Human Resource Management Branch 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 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 Skilled or Professional Service, you may be given a medical examination to determine your ability to perform job-related functions.

I hereby affirm this application contains no willful misrepresentation or falsifications and 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 will be removed from the eligible list, and I will not be certified for employment in any position under the jurisdiction of the Department of Budget and Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Signature

Date

AFFIRMING EQUAL OPPORTUNITY IN PRINCIPLE AND PRACTICE

MSDE DBS HR MS100 8/03

(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 voluntarily provide the following information. This information will be used for statistical purposes only by authorized personnel.

Birth Date: / / Male Female Are you a U. S. citizen or legal alien? Yes No

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Select one or more of the following categories:

1. American Indian or Alaskan 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 origins 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.)

AFFIRMING EQUAL OPPORTUNITY IN PRINCIPLE AND PRACTICE