

APPLICATION FOR EMPLOYMENT

NOTE: A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH POSITION

| | | | |
|--|---|-----------|--|
| LAST NAME: | FIRST NAME: | MI | UMBC AN HONORS UNIVERSITY IN MARYLAND DEPARTMENT OF HUMAN RESOURCES 532 ADMINISTRATION 1000 HILLTOP CIRCLE BALTIMORE, MD 21250 AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER |
| ADDRESS: | | | |
| CITY: | STATE: | ZIP: | |
| SOCIAL SECURITY NUMBER (OPTIONAL): | PHONE NUMBERS: HOME: BUSINESS: | | |
| IF NOT A U.S. CITIZEN, INDICATE VISA CLASS AND NUMBER: | HOW WERE YOU REFERRED TO UMBC? Select One | | |
| JOB # | | POSITION: | |

EMPLOYMENT RECORD: BEGIN WITH YOUR CURRENT OR MOST RECENT POSITION AND WORK BACKWARD. INCLUDE VOLUNTEER WORK WHICH WILL BE CREDITED AS PAID EXPERIENCE. INCOMPLETE APPLICATIONS ARE UNACCEPTABLE. IF YOU NEED MORE SPACE ATTACH A CONTINUATION SHEET.

| | | | |
|--|-------------|------------|--|
| EMPLOYER | EMPLOYED | | YOUR DUTIES AND RESPONSIBILITIES: |
| ADDRESS | FROM | TO | |
| TELEPHONE | MO / YR | MO / YR | |
| YOUR TITLE | BASE SALARY | | |
| NAME & TITLE OF SUPERVISOR | | | |
| REASON FOR LEAVING Select One EXPLAIN: | FIRST \$ | LAST \$ | DID YOU WORK FULL-TIME? Select One IF "NO", PERCENT OF TIME WORKED: % NUMBER OF EMPLOYEES SUPERVISED: |

| | | | |
|--|-------------|------------|--|
| EMPLOYER | EMPLOYED | | YOUR DUTIES AND RESPONSIBILITIES: |
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In compliance with the Safety and Security Act, UMBC provides employees and prospective employees upon request with a Security Report on university wide security and safety, including related policies, procedures and crime statistics. A copy of this report may be obtained by calling the UMBC Police Department at 410-455-3133.

IN ORDER TO BE HIRED INTO THE POSITION FOR WHICH YOU HAVE APPLIED, YOU MUST BE A CITIZEN OR NATIONAL OF THE UNITED STATES OR AN ALIEN LAWFULLY ADMITTED FOR UNITED STATES PERMANENT RESIDENCE, OR ALIEN AUTHORIZED UNDER UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986

| SCHOOLS | NAMES AND ADDRESSES OF SCHOOL | DID YOU GRADUATE? | DATES FROM / TO | NUMBER OF YEARS AND CREDIT HOURS COMPLETED | MAJOR OR TYPE OF PROGRAM | TYPE OF DEGREE OR CERTIFICATION AND DATE RECEIVED |
|-----------------------------|-------------------------------|-------------------|-----------------|--|--------------------------|---|
| HIGH SCHOOL OR GRADE SCHOOL | | | | | | |
| COLLEGE | | | | | | |
| GRADUATE SCHOOL | | | | | | |
| VOCATIONAL BUSINESS SCHOOL | | | | | | |

DO YOU POSSESS ANY OF THE FOLLOWING SKILLS? CHECK "YES" OR "NO".

DATA ENTRY YES NO LEGAL TERMINOLOGY YES NO SHORTHAND YES NO
ELECTRONIC CALCULATOR YES NO MEDICAL TERMINOLOGY YES NO TYPING YES NO
WORD PROCESSING YES NO APPROXIMATE TYPING SPEED

NOTE: IF YOU ARE APPLYING FOR A SECRETARIAL POSITION, YOU MUST CONTACT HUMAN RESOURCES AT 410-455-2337, TO SCHEDULE A TYPING TEST PRIOR TO THE CLOSING DATE OR YOUR APPLICATION WILL NOT BE CONSIDERED FURTHER FOR THE POSITION.

LIST ADDITIONAL SPECIAL QUALIFICATIONS AND SKILLS (OFFICE MACHINES/EQUIPMENT OPERATED, FOREIGN LANGUAGES SPOKEN, LABORATORY EQUIPMENT USED, COMPUTER SKILLS, ETC.)

IF THE POSITION YOU ARE APPLYING FOR REQUIRES A LICENSE (INCLUDING DRIVER'S LICENSE), CERTIFICATION OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION, COMPLETE THE FOLLOWING SECTION.

| TYPE/CLASS | LICENSE NUMBER | STATE | GRANTED BY (BOARD OR COMMISSION) | EXPIRATION DATE |
|------------|----------------|-------|----------------------------------|-----------------|
| | | | | |
| | | | | |

IF YOUR ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN BOX TO RIGHT

- A. HAVE YOU EVER WORKED FOR THE UNIVERSITY OR THE STATE OF MARYLAND? YES NO
- B. HAVE YOU EVER BEEN CONVICTED IN COURT FOR OTHER THAN A MISDEMEANOR OR A MINOR TRAFFIC VIOLATION? YES NO

YOUR FORMER EMPLOYER/SCHOOLS WILL BE USED AS REFERENCES. MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
IF "NO", PLEASE EXPLAIN.

PLEASE INDICATE AVAILABILITY BY CHECKING ONE OR MORE OF THE FOLLOWING:

- CONTRACTUAL PART-TIME DAY HOURS ONLY TEMPORARY (LESS THAN 6 MONTHS)
 REGULAR FULL-TIME ANY HOURS CONSIDERED

NOTE: You will be required to submit copies of diplomas, degrees, licenses, certifications, transcripts, and/or other relevant documents.

ADDITIONAL COMMENTS (FOR ADDITIONAL INFORMATION YOU WISH TO SUBMIT):

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE AND RECOGNIZE IT IS SUBJECT TO VERIFICATION AND THAT MY EMPLOYMENT AND/OR CONTINUANCE THEREOF MAY BE CONTINGENT UPON ITS ACCURACY. I UNDERSTAND THAT I MAY BE REQUIRED TO PASS A PHYSICAL EXAMINATION PRIOR TO FINAL ACCEPTANCE OF EMPLOYMENT. I ALSO UNDERSTAND THAT, IF HIRED, I WILL BE REQUIRED TO START AT THE BASE SALARY LEVEL UNLESS OTHERWISE STIPULATED OR PROVIDED BY UNIVERSITY PERSONNEL POLICY OR RULE.

SIGNATURE OF APPLICANT

DATE:

UMBC APPLICATION FOR EMPLOYMENT - CONTINUATION SHEET

LAST NAME FIRST NAME MIDDLE INITIAL
 JOB # POSITION

| | | | |
|--|-------------|---------|---|
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