

# APPLICATION FOR EMPLOYMENT

**NOTE: A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH POSITION**

LAST NAME:		FIRST NAME:		MI
ADDRESS:				
CITY:		STATE:	ZIP:	
PHONE NUMBERS: HOME: BUSINESS:		HOW WERE YOU REFERRED TO UMBC? <input type="checkbox"/> UMBC Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral <input type="checkbox"/> Balt. Sun Ad <input type="checkbox"/> Washington Post Ad <input type="checkbox"/> Other Newspaper Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Internet <input type="checkbox"/> Other _____		
SOCIAL SECURITY NUMBER (OPTIONAL):				
IF NOT A U.S. CITIZEN, INDICATE VISA CLASS AND NUMBER:		JOB #	POSITION:	

**UMBC**  
 AN HONORS UNIVERSITY IN MARYLAND  
 DEPARTMENT OF HUMAN RESOURCES  
 532 ADMINISTRATION  
 1000 HILLTOP CIRCLE  
 BALTIMORE, MD 21250  
**AN EQUAL OPPORTUNITY/  
 AFFIRMATIVE ACTION EMPLOYER**

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

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**

REVISED 11/04

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      MACHINE TRANSCRIPTION  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

U.S. MILITARY SERVICE	TYPE OF DISCHARGE	DATE ENTERED	DATE OF DISCHARGE

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 \_\_\_\_\_

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