

# Maryland

## APPLICATION FOR EMPLOYMENT

Mail to: Maryland Environmental Service  
Human Resources Division  
2011 Commerce Park Drive  
Annapolis, MD 21401

(OFFICE USE ONLY)

EDUCATION		
CLASS NUMBER		
APPR.	DISAPPR.	BY:
Reason		

SOCIAL SECURITY NUMBER 

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PRINT OR TYPE ALL INFORMATION

### 1. APPLYING FOR:

Your application is part of the selection process. Job announcements are available on our Website (<http://www.menv.com>), and at our headquarters office at 2011 Commerce Park Drive, Annapolis, MD Phone: 1-888-403-8736. You must meet all minimum qualifications.

Title of job: \_\_\_\_\_  
(A separate application is required for each job title, unless otherwise indicated)

### 2. TELL US WHO YOU ARE.

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City County State Zip Code

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Are you fluent in a language other than English? Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

### 3. TELL US ABOUT YOUR EDUCATION.

HIGH SCHOOL graduate or GED? Yes \_\_\_ No \_\_\_ If no, highest grade completed: \_\_\_\_  
School \_\_\_\_\_ Address (City, State) \_\_\_\_\_  
Dates attended \_\_\_\_\_ Major course of study \_\_\_\_\_  
FROM TO

COLLEGE graduate? Yes \_\_\_ No \_\_\_ If no, give total credits received. \_\_\_\_\_

**REQUIRED: Give name & address of school, dates attended, major course of study, degree and date received**

Undergraduate College/University	Dates (mo/yr)	Graduate School	Dates (mo/yr)
City/State/Country: _____	_____	City/State/Country: _____	_____
Major: _____ Degree: _____		Major: _____ Degree: _____	
Name: _____	_____	Name: _____	_____
City/State/Country: _____		City/State/Country: _____	
Major: _____ Degree: _____		Major: _____ Degree: _____	
Pertinent undergraduate courses	Credits	Pertinent graduate courses	Credits

TRADE/TECHNICAL school \_\_\_\_\_ Dates attended \_\_\_\_\_  
Address(City,State) \_\_\_\_\_ Major: \_\_\_\_\_ FROM TO  
Diploma/Certificate Received? Yes  No

#### 4. TELL US ABOUT YOUR WORK EXPERIENCE.

1.) Your **present or last job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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2.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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3.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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4.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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(ATTACH ADDITIONAL PAGES, IF NEEDED)

**“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.”**

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.

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).

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

BE SURE TO INCLUDE ALL PERTINENT MILITARY AND VOLUNTEER EXPERIENCE. FORMER EMPLOYERS  
MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR CONSENT.

5.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details):

Reason for leaving: \_\_\_\_\_

6.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details):

Reason for leaving: \_\_\_\_\_

7.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details):

Reason for leaving: \_\_\_\_\_

8.) Your **next most recent job**. Where did you work? Name of employer: \_\_\_\_\_  
Address where you worked: \_\_\_\_\_  
Your supervisor's name and telephone number: \_\_\_\_\_  
Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_ Number of persons you supervised: \_\_\_\_ Job duties (give details):

Reason for leaving: \_\_\_\_\_

(ATTACH ADDITIONAL PAGES, IF NEEDED)

**5. DO YOU HAVE A LICENSE OR CERTIFICATE FOR A TRADE OR PROFESSION? If yes, submit a copy with this form.**

**6. FOR POSITIONS REQUIRING A DRIVER'S LICENSE, PLEASE ATTACH A COPY OF YOUR LICENSE OR SUBMIT, IN WRITING, YOUR DRIVER'S LICENSE NUMBER, CLASS, STATE OF ISSUANCE AND EXPIRATION DATE.**

**WHERE WILL YOU ACCEPT EMPLOYMENT IN MARYLAND?  
[PLEASE CHECK APPROPRIATE AREA(S)]**

**HOW DID YOU FIND OUT ABOUT THIS POSITION  
[PLEASE CHECK APPROPRIATE SPACE(S)]**

- 00 – ANY AREA OF THE STATE
- 10 – GARRETT, ALLEGANY, WASHINGTON (COUNTY)
- 20 – FREDERICK, CARROLL, MONTGOMERY
- 30 – BALTIMORE CITY, BALTIMORE, HOWARD
- 40 – HARFORD, CECIL, KENT
- 50 – PRINCE GEORGE'S, CHARLES, CALVERT, ST. MARY'S
- 60 – ANNE ARUNDEL, QUEEN ANNE'S, TALBOT, CAROLINE
- 70 – DORCHESTER, WICOMICO, SOMERSET, WORCESTER

- Newspaper Advertisement \_\_\_\_\_(Name of Paper)
- State Personnel Office \_\_\_\_\_(Office Location)
- Internet <http://dop.state.md.us> or <http://dop.state.md.us/infotech/index.html>
- DLLR Job Service \_\_\_\_\_(Office Location)
- Job Fair \_\_\_\_\_(Location)
- Media \_\_\_\_\_
- State Employee \_\_\_\_\_
- Other \_\_\_\_\_
- Maryland Environmental Service Website [WWW.MENV.COM](http://WWW.MENV.COM) \_\_\_\_\_

**AVAILABLE FOR EMPLOYMENT WHICH IS:     FULL-TIME         PART-TIME         TEMPORARY         CONTRACTUAL**



AFTER OFFICIAL TEST NOTICE IS RECEIVED, APPLICANTS WITH DISABILITIES REQUIRING TEST ACCOMMODATIONS SHOULD CONTACT THE HUMAN RESOURCES DIVISION IMMEDIATELY AT 1-888-403-8736. \*TTY USERS SHOULD CALL THE MARYLAND RELAY SERVICE 1-800-735-2258.

**ELIGIBILITY FOR VETERAN CREDIT**

PROOF OF ELIGIBILITY (DD214) FOR VETERAN CREDIT MUST BE IN THIS OFFICE AND COMPLETELY VERIFIED BEFORE VETERAN CREDIT WILL BE CREDITED. ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE FOR USE IN RETURNING PROOF. PROOF NEED BE SUBMITTED ONE TIME ONLY.

Applications must be received in the Human Resources Division by the announced closing date, or postmarked by the closing date. A receipt will be mailed if a self-addressed stamped envelope is attached. NOTIFY THE HUMAN RESOURVES DIVISION IN WRITING OF 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 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 STATE PERSONNEL MANAGEMENT SYSTEM, 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 misrepresentations 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 eligible list and that I will not be certified for employment in any position under the jurisdiction of the Maryland Environmental Service. 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

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 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.)