

**MARYLAND SCHOOL FOR THE DEAF**

**Mail to:  
Department of Personnel  
Maryland School for the Deaf  
PO Box 250  
Frederick, MD 21705-0250  
301-360-2008 Voice & TTY**

**(OFFICE USE ONLY)**

EDUCATION

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NUMBER

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CLASS

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

Reason \_\_\_\_\_

Pending

SOCIAL SECURITY NUMBER

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**PLEASE PRINT OR TYPE ALL INFORMATION**

**1. APPLYING FOR:**

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

**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: \_\_\_\_\_ to \_\_\_\_\_ Major course of study: \_\_\_\_\_  
(FROM) (TO)

COLLEGE graduate? Yes  No  If no, total credits earned: \_\_\_\_\_

(Give name & address of school, dates attended, major course of study, degree received and date received)

Undergraduate College/University:	Graduate School:
Pertinent undergraduate courses: _____ Credits: _____	Pertinent undergraduate courses: _____ Credits: _____

TRADE/TECHNICAL school: \_\_\_\_\_ Dates attended \_\_\_\_\_ to \_\_\_\_\_  
(FROM) (TO)

Address (City, State) \_\_\_\_\_ Major \_\_\_\_\_

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 last supervisor's name and telephone number: \_\_\_\_\_  
Your last job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Number of persons you supervised: \_\_\_\_\_  
Job duties (give details): \_\_\_\_\_

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

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

(ATTACH ADDITIONAL PAGES, IF NEEDED)

**"UNDER MARYLAND LAW AN EMPLOYER MAY NOT BE 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 CONSENT.**

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

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

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

(ATTACH ADDITIONAL PAGES, IF NEEDED)

**5. DO YOU HAVE A LICENSE OR CERTIFICATE FOR A TRADE OR PROFESSION?**  Yes  No  
**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.**

Driver's License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

## DISCLOSURE

I, \_\_\_\_\_, hereby declare or affirm under Penalty of Perjury, that I have/have not been convicted of, nor am I the subject of pending charges for the commission of attempt to commit/or assault with intent to commit: Murder; Child Abuse; Rape; Child Pornography; Child Abduction; Kidnapping of a Child; manufacturing, distributing, or dispensing a controlled dangerous substance; possession with intent to manufacture, distribute, or dispense a controlled dangerous substance, or hiring, soliciting, engaging, or using a minor for the purpose of manufacturing, distributing, or delivering a controlled dangerous substance; or a Sexual Offense, defined under Article 27, Subsection 464, 464A, 464B, and 464C of the Annotated Code of Maryland or an equivalent offense and I further certify that I am the applicant whose signature is affixed below. Upon notification of appointment, I will complete the required forms for the State of Maryland criminal background check.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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, AND THAT I WILL NOT BE CERTIFIED FOR EMPLOYMENT IN ANY POSITION UNDER THE JURISDICTION OF MARYLAND SCHOOL FOR THE DEAF. I AM AWARE THAT A FALSE STATEMENT IS PUNISHABLE UNDER LAW BY FINE OR IMPRISONMENT OR BOTH.

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

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TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE STATE OF MARYLAND REQUESTS APPLICANTS TO VOLUNTARY PROVIDE INFORMATION IN THIS SECTION. THIS SECTION WILL BE DETACHED FROM YOUR APPLICATION BEFORE ANY DECISION ARE MADE AND WILL ONLY BE USED BY AUTHORIZED PERSONNEL FOR COMPILING STATISTICAL DATA. YOUR COOPERATION IN PROVIDING THIS INFORMATION IS ESSENTIAL TO THE SUCCESS OF THE RESEARCH AND EVALUATION COMPONENT OF THE SCHOOL'S EQUAL EMPLOYMENT OPPORTUNITY PROGRAM.

**YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986**

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(Please remove this section of the application prior to the interview)

BIRTH DATE: \_\_\_\_\_ MALE  FEMALE  ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES  NO

1.  WHITE (NOT OF HISPANIC ORIGIN): INCLUDES PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
2.  BLACK (NOT OF HISPANIC ORIGIN): INCLUDES PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUP OF AFRICA.
3.  ASIAN OR PACIFIC ISLANDERS: INCLUDES PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUB CONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, JAPAN, KOREA, THE PHILIPPINES, AND SAMOA.
4.  AMERICAN INDIAN OR ALASKAN NATIVE: INCLUDES PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION.
5.  HISPANIC: INCLUDES PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL, OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.