



UNIVERSITY OF MARYLAND

APPLICATION FOR EMPLOYMENT

7569 Baltimore Avenue
College Park, MD 20742-3121
301-405-3555

Email: soc@umpd.umd.edu

University of Maryland, Department of Public Safety Security Operations Center

The University of Maryland is an Equal Employment/Affirmative Action employer. We do not discriminate in hiring on the basis of sex, gender identity, sexual orientation, race, color, religious creed, national origin, physical or mental disability, protected Veteran status, or any other characteristic protected by federal, state, or local law. If you need a reasonable accommodation for any part of the employment process, please contact Staff Relations at 301.405.0001.

Please type or print. (Black Ink Only)			FOR OFFICE USE ONLY. Position Certified For: Date Certified	
LAST NAME	FIRST	MIDDLE		
STREET ADDRESS		APT. #		
CITY	STATE	ZIP	EMAIL ADDRESS	
MAIN PHONE #		ALTERNATE PHONE #		
Should we contact you at phone or alternate?				
Position Applying for: Title () Number ()				
Check availability for employment, by checking one category only				
Regular - Full-time _____ Part-time _____ Contingent II - Full-time _____ Part-time _____ Contingent I - Full time _____ Part- time _____				
EMPLOYMENT HISTORY				
Begin with current or most recent position and work backward. Complete in detail and include your ENTIRE employment history; explain any lapse for which time is not accounted. Briefly describe your duties and responsibilities in the blocks provided. Include all work experience (military, part time, and volunteer). DO NOT WRITE "see resume" or "see attached". Be sure to complete both sides of the application including signature and date. Continuation sheets are available should you need more space to describe your duties. We reserve the right to contact former employers and schools for references. May we contact your present employer? ____ Yes ____ No Comments:				
Present or most recent position:				
Employer _____		Business Phone _____		
Address (city/state/zip) _____				
Type of Business _____		Supervisor's Name _____		
Position _____		Supervisor's Title _____		
From (mo/yr) _____		To (mo/yr) _____		Full-time? Yes ____ No (if no, # hrs./wk.) _____
# of employees supervised _____		Briefly describe your duties: _____		

Reason for leaving: _____ Voluntary _____ Involuntary, Explain: _____

Previous position:
 Employer _____ Business Phone _____
 Address (city/state/zip) _____
 Type of Business _____ Supervisor's Name _____
 Position _____ Supervisor's Title _____
 From (mo/yr) _____ To (mo/yr) _____ Full-time? _____ Yes _____ No (if no, # hrs./wk.) _____
 # of employees supervised _____ Briefly describe your duties: _____

Reason for leaving: _____ Voluntary _____ Involuntary, Explain: _____

Previous position:
 Employer _____ Business Phone _____
 Address (city/state/zip) _____
 Type of Business _____ Supervisor's Name _____
 Position _____ Supervisor's Title _____
 From (mo/yr) _____ To (mo/yr) _____ Full-time? _____ Yes _____ No (if no, # hrs./wk.) _____
 # of employees supervised _____ Briefly describe your duties: _____

Reason for leaving: _____ Voluntary _____ Involuntary, Explain: _____

EDUCATION	Name & Address of School	# Years/Credit hrs. Completed	Major or Type of Program	Type of Degree or Certificate Awarded
High School				
College/University				
College/University				
Vocational or Business School				

List any professional license(s) or certification(s) you hold:

License #	Type/Class	Exp. Date	Granted by (Board/Commission)	State
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Special Skills: Office machine, data entry/computer/laboratory equipment operated, software, foreign language fluency, etc.**You may use this space to provide additional information you wish to include:**

- | | | |
|---|----------|---------|
| A. Have you ever worked for the University of Maryland? | Yes ____ | No ____ |
| B. Were you discharged for cause after completing original probation? | Yes ____ | No ____ |
| C. Have you ever worked for the State of Maryland? | Yes ____ | No ____ |
| D. Are you at least 18 years of age? | Yes ____ | No ____ |

Campus Safety: In accordance with the federal law, identified as the “Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998,” by this notice, the UMD Police is disclosing the availability of the UMD Annual Campus Security Report (Clery Report) to all applicants at [SAFETY & SECURITY \(umd.edu\)](https://umd.edu/safety-security)

I certify that all the information on this application is accurate and complete to the best of my knowledge and belief. I understand this information is subject to verification and that my employment and/or continuance thereof may be contingent upon its accuracy and completeness. I also understand that I will need to provide proof of eligibility to work in the United States within three business days of my initial date of employment. I further understand that, if hired, I will be required to start at the base salary level of the position unless specifically provided for by Human Resource policy or rule.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE**Name:***[This form may be duplicated]***CONTINUATION SHEET IF NEEDED****Previous position:**

Employer _____ Business Phone _____

Address (city/state/zip) _____

Type of Business _____ Supervisor's Name _____

Position _____ Supervisor's Title _____

From (mo/yr) _____ To (mo/yr) _____ Full-time? ____ Yes ____ No (if no, # hrs./wk.) _____

of employees supervised _____ Briefly describe your duties _____

Reason for leaving: Voluntary Involuntary, Explain: _____

Previous position:

Employer _____ Business Phone _____
Address (city/state/zip) _____
Type of Business _____ Supervisor's Name _____
Position _____ Supervisor's Title _____
From (mo/yr) _____ To (mo/yr) _____ Full-time? ____ Yes ____ No (if no, # hrs./wk.) _____
of employees supervised _____ Briefly describe your duties: _____

Reason for leaving: ____ Voluntary ____ Involuntary, Explain: _____

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Address (city/state/zip) _____
Type of Business _____ Supervisor's Name _____
Position _____ Supervisor's Title _____
From (mo/yr) _____ To (mo/yr) _____ Full-time? ____ Yes ____ No (if no, # hrs./wk.) _____
of employees supervised _____ Briefly describe your duties: _____

Reason for leaving: ____ Voluntary ____ Involuntary, Explain: _____

Previous position:

Employer _____ Business Phone _____
Address (city/state/zip) _____
Type of Business _____ Supervisor's Name _____
Position _____ Supervisor's Title _____
From (mo/yr) _____ To (mo/yr) _____ Full-time? ____ Yes ____ No (if no, # hrs./wk.) _____
of employees supervised _____ Briefly describe your duties: _____

Reason for leaving: ____ Voluntary ____ Involuntary, Explain: _____