

Maryland

(OFFICE USE ONLY)

Class Code

APPR. _____ DISAPPR. _____ BY _____

Reason _____

Pending Code _____

MAIL APPLICATION TO (unless otherwise stated on job bulletin):

**Maryland State Archives
Volunteer Program
Edward C. Papenfuse Archives Building
350 Rowe Boulevard
Annapolis, Maryland 21401**

Or you may visit our website: mdsa.net

SOCIAL SECURITY NUMBER:		PRINT OR TYPE ALL INFORMATION
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This application is part of the examination process. Please read the minimum qualifications section of the job bulletin before completing this application. You must meet all of the minimum qualifications to be considered. Current State Archives' employment opportunities are listed on our website at <http://mdsa.net/msa/intromsa/employ/html/employ.html>.

Applying For:

Job Title:		Announcement #:	N/A
(A separate application is required for each job title unless otherwise indicated.)			

Name and Contact Information:

Name:							
Last		First		MI			
Address:							
Street		City		County		State	
Zip Code							
Home Phone:		Work Phone:		E-mail:			

Education and Training:

Do you have a high school diploma or GED?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what is the highest grade that you completed?			
School:				Address (City, State):			
Dates attended:		From	-	To	Major course of study:		

COLLEGE AND GRADUATE SCHOOL EDUCATION

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application. For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance and expiration date.

WORK EXPERIENCE:

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	How many hours do you work per week?	
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	How many hours did you work per week?	
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	How many hours did you work per week?	
Reason For Leaving:		

Volunteer Certification

I give permission to the State of Maryland to inquire about my qualifications and/or character. I understand that the information requested is for the purpose of a background/reference check and this check may be made by phone, writing, or via the internet and may include present and past employers, motor vehicle, and police records.

I also authorize employers and any person who may have information concerning me and my background to furnish such information to the extent allowed by law and for the intended purpose of my application to perform as a volunteer for the State of Maryland, and hereby consent to the release of such information.

I certify that all information contained on this application and given at time of interview is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, omissions or falsifications will result in my removal from volunteer consideration or dismissal if placed.

As a volunteer, I agree to perform to the best of my ability, the tasks as outlined in my job description or the tasks established by my supervisor; report to work on time, when scheduled, and if unable, to call my supervisor; to accept supervision, maintain confidentiality, observe stated goals, and objectives and give my supervisor adequate notice before termination as a volunteer.

As a volunteer, I understand that the State does not provide volunteers with employee benefits, accident insurance, death benefits, work's compensation benefits for medical treatment or salary replacement for lost time due to injury.

As a volunteer, I understand that I will be provided adequate workspace when and where applicable; and ongoing supervision, evaluation, and training.

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No
If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)

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:** _____

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 OF THE 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 SKILLED OR PROFESSIONAL SERVICE, 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 misrepresentation 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 the eligible list, and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.

DATE: _____ **SIGNATURE OF APPLICANT:** _____