				MSDE OFFICE USE ONLY							
MARYLAND STATE DEPARTMENT OF EDUCATION					Approved □ Disapproved □						
EQUITY AND EXCELLENCE				т	Ranking:						
APPLICATION FOR SCHOOL STAFF EMPLOYMENT				<u>/</u>		Education:					
Maryland State Department of Education Staff Recruitment Section						Experience:					
200 West Baltimore Street Baltimore MD 21201						Reason:					
 410-333-3045 (TTY) 410-333-8950 (FAX) Website: <u>http://marylandpublicschools.org</u> Email: jobs.msde@maryland.gov Applicants with a disability who need special 					By:						
arrangements/accommodations should call 410-767-0019 (voice) or 410-767-3045 (TTY)											
SC	DCIAL S	SECURIT	Y NUI	MBEI	R *last 4 digits	S*					
					PPLYING FOR		• 16		•41 \		
(Print or Position Title	r type all	informatio	on. A se	eparat	e application in Position Num		nred for e	each t	atle.)		
Available for employment wh	ich is: F		_	rt-time	<u> </u>		Contra	ctual			
Last Name	First	NAME		iddle		T INFORMATION Home Phone Business Phone					
Last Mane Prist Wilduig			liuuit								
Street Address					Cell Phone						
City State Zip Code				Email Address							
EDUCATION											
Do you have a high school diploma or GED? Yes No School: Dates Attended: -					If not, what is the highest grade that you completed? Address (City, State): Major course of study:						
Dutes Attended.	CO	LLEGE A	ND GR	ADUA	TE SCHOOL E						
NAME and LOCATION OF SCHO Please provide city and state		Dates Atten		MAJO			# of Credit Completed		ype of Degree	Degree Earned? (Yes or No)	
Name: Location:											
Name: Location:											
Name:											
Location: Name:											
Location:											
SPECIALIZED TRAINING OR (Type of Program/Course(s) Company/School				OR C	LASSES RELE Dates Attended		TO THE Credits Earne		Dinloma/Certi	ificate Received?	
Type of Flogram/Course(s) Company/School			Dutes Attended	<i>"</i> 01 C		,u	Dipionia Certi				

EMPLOYMENT RECORD

- 1. Please list all work experience including armed forces, different jobs within the same organization, pertinent volunteer work, and part-time employment
- 2. Report your most recent work experience first.
- 3. MSDE reserves the right to verify employment records and use your former employers as references.
- 4. If more space is required, you may attach additional information to this Application.

Date (Month/Year)	Years Months	Supervisor's Name and Title Tele			Telephone	
From:						
To:						
Company Name:						
Address:						
Job Title:						
Specific Duties:						
Full-Time Part-Time	No. of Hours	Last Salary	No. of Persons	Reason for Leaving		
	Worked Per Week		Supervised			
Date (Month/Year)	Years Months	Supervisor's N	Name and Title		Telephone	
From:						
To:						
Company Name:						
Address:						
Job Title:						
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Full-Time Part-Time	No. of Hours Worked Per Week	Last Salary	No. of Persons Supervised	Reason for Lea	iving	
			Supervised	Reason for Lea	_	
Full-Time Part-Time	Worked Per Week			Reason for Lea	wing Telephone	
Date (Month/Year)	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name: Address:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name: Address: Job Title:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name: Address: Job Title:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name: Address: Job Title:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name: Address: Job Title:	Worked Per Week		Supervised	Reason for Lea	_	
Date (Month/Year) From: To: Company Name: Address: Job Title:	Worked Per Week Years Months		Supervised	Reason for Lea	Telephone	

Date (Month/Year) From:	Years	Months	Supervisor's Name and Title			Telephone
To:						
Company Name:						
Address:						
Job Title:						
Specific Duties:						
Full-Time Part-Time	No	of Hours	Last Salary	No. of Persons	Dasson	for Leaving
		ked Per Week	Last Salary	Supervised	Keason	lor Leaving
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Date (Month/Year)	Years	Months	Supervisor's Na	ame and Title		Telephone
From:			*			·
То:						
Company Name:						
Address:						
Job Title:						
Specific Duties:						
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Full-Time Part-Time		of Hours	Last Salary	No. of Persons	Reason 1	for Leaving
	WOI	ked Per Week		Supervised		
LICENSES AND CERTIFICATES						
If a license certificate	or other				is requi	red as noted on the Position
If a license, certificate, or other authorization to practice a trade or profession is required as noted on the Position Announcement, compete the following section. All such requirements for licensing and certification must be complied with,						
and a copy of the license or certification must be submitted with this Application.						
For teachers/administrators certificates, list type of certification.						
Type of License	pe of License License Number Expiration Date Grar			Granted by (Licensing Board)		
Type of License		License Numb	ber	Expiration Date Gran		Granted by (Licensing Board)
Type of License License Number			ber Expiration Date Gran		Granted by (Licensing Board)	
Diseas submit a conv of re	1 amont pr	-fassional or trac	1 - l'acreas or cortifi		licetion E	
Please submit a copy of 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.						
	ADDITIONAL INFORMATION					
List any additional information that may help us evaluate your qualifications for the position applied for; i.e., special skills,						
computer programs, et cetera.						

How did you learn of this position?				
Baltimore Sun	Washington Post			
Baltimore/Washington Afro American	MSDE Website			
Local Publication (Specify):	Professional Journal			
Employee Referral (Name):	Other (Specify):			
Local School System	Other Website (Specify):			

CONVICTION RECORD NOTIFICATION/ACKNOWLEDGEMENT

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, but you may be subject to a criminal background investigation.

"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."

NOTE: 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).

CERTIFICATION

Applications must be received by the Human Resource Management Branch of the Maryland State Department of Education by either the close of business on the closing date, or postmarked by the closing date, as specified on the Job Announcement for which you are applying. A receipt will be mailed if a self-addressed, stamped envelope is attached. Notify the Human Resource Management Branch in writing of a 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 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 this application contains no willful misrepresentation or falsifications and 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 will be removed from the eligible list, and I will not be certified for employment in any position under the jurisdiction of the Department of Budget and Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Signature

Date

MSDE DBS HR MS1	AFFIRMING EQUAL OPPORTUNITY IN PRINCIPLE AND PRACTICE					
	(Remove this section of the application prior to the interview process.)					
	mitment to equal opportunity employment, the State of Maryland requests applicants to voluntarily provide ormation. This information will be used for statistical purposes only by authorized personnel.					
Birth Date: /	/ Male Female 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 categories:						
	American Indian or Alaskan 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.)					
S	Asian (A person having origins 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. 🗌 E	Black or African American (A person having origins in any of the black racial groups of Africa.)					
	Vative Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.					
5. 🗌 V	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)					
	AFFIRMING EQUAL OPPORTUNITY IN PRINCIPLE AND PRACTICE					