



Motor Vehicle Administration  
 AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

**PERSONAL INQUIRY**

<b>PLEASE PRINT OR TYPE</b>		POSITION APPLYING FOR:					
NAME IN FULL	LAST	FIRST	MIDDLE	PREVIOUS			
ADDRESS	STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE	
HOME PHONE		SOCIAL SECURITY NO.			DATE OF BIRTH		
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> PARTTIME <input type="checkbox"/> TEMPORARY  DATE AVAILABLE _____		WERE YOU EVER EMPLOYED BY THE MARYLAND DEPARTMENT OF TRANSPORTATION?  <input type="checkbox"/> YES <input type="checkbox"/> NO			UNIVERSITY OF MARYLAND OR OTHER STATE AGENCY?  <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF AGENCY _____		
SCHOOL	CIRCLE HIGHEST GRADE COMPLETED		GRADUATED	NAME OF SCHOOL & ADDRESS		LAST YEAR ATTENDED	TYPE OF COURSE/DEGREE
GRAMMAR	1	2	3	4			
	5	6	7	8			
HIGH	9	10	11	12			
COLLEGE	13	14	15	16			
OTHER	SEM. HRS. COMP.						

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU RECEIVE A GED? YES  NO

IF YES, GIVE NAME OF STATE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

IF YOU ARE NOT A UNITED STATES CITIZEN, INDICATE VISA NUMBER: \_\_\_\_\_

DESCRIBE ANY SPECIAL TRAINING/SKILLS YOU HAVE PERTAINING TO THE JOB YOU ARE APPLYING FOR:  
 \_\_\_\_\_

LIST ANY MACHINERY OR OFFICE EQUIPMENT WHICH YOU CAN OPERATE THAT MAY BE HELPFUL IN THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_

IF THE POSITION YOU ARE APPLYING FOR REQUIRES A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION, COMPLETE THE FOLLOWING SECTION:

TYPE AND/OR CLASS	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (BOARD OR COMMISSION)	STATE

HAVE YOU EVER BEEN CONVICTED OF THE LAW (CIVILIAN OR MILITARY) OTHER THAN MINOR TRAFFIC VIOLATIONS?  YES  NO  
 IF YES, PLEASE LIST DATE, PLACE, CHARGE AND DISPOSITION: \_\_\_\_\_

EMPLOYMENT HISTORY: LIST YOUR LAST THREE EMPLOYERS, IN REVERSE ORDER, BEGINNING WITH YOUR PRESENT OR MOST RECENT POSITION.

PRESENT OR MOST RECENT EMPLOYER	HOURS WORKED PER WEEK		
ADDRESS: (STREET, CITY, STATE, AND ZIP CODE)	TELEPHONE NUMBER		
BEGINNING POSITION(S) HELD:	BEGINNING SALARY:	DATES EMPLOYED (MONTH/YEAR)	
		FROM:	TO:

ENDING POSITION(S) HELD:		ENDING SALARY:	TYPE OF BUSINESS
SUPERVISOR'S NAME (LAST, FIRST)		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE #
DESCRIBE YOUR DUTIES:			
NO. OF EMPLOYEES YOU SUPERVISED:	REASON FOR LEAVING <input type="checkbox"/> LAYOFF	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATED <input type="checkbox"/> IF STILL EMPLOYED, WHY LEAVING?	EXPLAIN

PRESENT OR MOST RECENT EMPLOYER		HOURS WORKED PER WEEK	
ADDRESS: (STREET, CITY, STATE, AND ZIP CODE)		TELEPHONE NUMBER	
BEGINNING POSITION(S) HELD:	BEGINNING SALARY:	DATES EMPLOYED (MONTH/YEAR) FROM: TO:	
ENDING POSITION(S) HELD:	ENDING SALARY:	TYPE OF BUSINESS	
SUPERVISOR'S NAME (LAST, FIRST)		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE #
DESCRIBE YOUR DUTIES:			
NO. OF EMPLOYEES YOU SUPERVISED:	REASON FOR LEAVING <input type="checkbox"/> LAYOFF	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATED <input type="checkbox"/> IF STILL EMPLOYED, WHY LEAVING?	EXPLAIN

PRESENT OR MOST RECENT EMPLOYER		HOURS WORKED PER WEEK	
ADDRESS: (STREET, CITY, STATE, AND ZIP CODE)		TELEPHONE NUMBER	
BEGINNING POSITION(S) HELD:	BEGINNING SALARY:	DATES EMPLOYED (MONTH/YEAR) FROM: TO:	
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SUPERVISOR'S NAME (LAST, FIRST)		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE #
DESCRIBE YOUR DUTIES:			
NO. OF EMPLOYEES YOU SUPERVISED:	REASON FOR LEAVING <input type="checkbox"/> LAYOFF	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATED <input type="checkbox"/> IF STILL EMPLOYED, WHY LEAVING?	EXPLAIN

PLEASE CONTACT ME PRIOR TO CONTACTING MY PRESENT EMPLOYER? YES  NO  \_\_\_\_\_ please initial

HAVE YOU HELD OTHER POSITIONS, WHICH ARE PERTINENT? YES  NO  IF YES, LIST ON A SEPARATE SHEET OF PAPER 8.5X11

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. 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.

I certify that all information contained on this application is true and complete. I authorize the Motor Vehicle Administration to contact all sources and/or conduct a thorough background investigation, as necessary, to verify the information contained on this application. I am aware that should investigation at any time disclose any misrepresentation or falsification, I will not be certified for employment, or if already employed, it shall be considered sufficient cause for dismissal. I understand my employment is conditional until results of any employment physical examination are known. I further affirm that this application contains no willful misrepresentations or falsifications and that this information provided by me is true and complete to the best of my knowledge and belief.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_