

Comptroller of Maryland

Application for Employment

P.O. Box 466, Annapolis, Maryland 21404-0466

*An equal opportunity employer
A drug-free workplace*

Applicants with a disability who need special arrangements/accommodations should call (410) 260-7695 (voice) or 1-800-735-2258 (MRS).
Employees are subject to the state's substance abuse policy, which includes possible drug testing.

Position applied for: _____ **Social Security Number:** _____

Last name: _____ First name: _____ Middle name: _____ Maiden name: _____

Street address: _____ City: _____ County: _____ State: _____ Zip Code: _____

Work telephone: _____ Home telephone: _____

Driver's license number: _____ State of issuance: _____ Expiration date: _____

Have you had any criminal convictions other than minor traffic violations: Yes No

Are you a U.S. Citizen? (If no, list type of visa and expiration date.) Yes No

Are you willing to travel and work in any part of Maryland? Yes No / Of the U.S.? Yes No

Can you type? Yes No Words per minute: _____ Type of machine: Electric Computer

Are any of your relatives employed by the Comptroller of Maryland? Yes No
If yes, provide the following info:

Name: _____ Relationship: _____ Division: _____

Are you indebted to the Comptroller's Office for any unpaid Maryland taxes, including interest or penalty thereon? If yes, explain:

In order to comply with the racial identification provisions of State Government Article §10-606 and the State's Equal Employment Opportunity Program's reporting requirements (State Personnel and Pensions Article §5-205), please provide the following information. This data is used for statistical purposes only by authorized personnel.

Male Female Date of Birth _____
Month/Day/Year

Are you Hispanic or Latino? 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 racial categories. If multiracial, check all that apply:

- American Indian or Alaska 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.)
- 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.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Education (if additional information is needed, attach a separate sheet)

Circle highest grade successfully completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2

School	Name, address and zip code	Date Completed	Certificate/degree
High			

College			
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Other			
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Employment Record

Give your **complete** work history, beginning with your present or last employer. Include military service and volunteer activities. Specify whether experience was full or part-time. **If you have ever worked as a permanent employee for a state, county or city agency and were paid by the State of Maryland indicate with an asterisk (*) next to name of employer.** Give complete but concise information. If additional space is needed, attach a separate sheet. Your former employers or the last school you attended will be used as references. Your present employer will not be contacted unless we obtain your consent.

I do do not authorize the Personnel Office of the Comptroller of Maryland to contact my present employer.

1) Your **present or last job.** Name of employer _____

Address where you worked: _____

Your supervisor's name and telephone number: _____

Your job title: _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____

Job duties (give details): _____

Reason for leaving: _____

2) Your **next most recent job.** Name of employer _____

Address where you worked: _____

Your supervisor's name and telephone number: _____

Your job title: _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____

Job duties (give details): _____

Reason for leaving: _____

3) Your **next most recent job.** Name of employer _____

Address where you worked: _____

Your supervisor's name and telephone number: _____

Your job title: _____ From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____

Job duties (give details): _____

Reason for leaving: _____

(ATTACH ADDITIONAL PAGES IF NEEDED)

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 a false statement is punishable under law by fine, or imprisonment or both. I hereby authorize representatives of the Office of the Comptroller to verify all information in this application.

Date

Signature

“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 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.