

APPLICATION FOR EMPLOYMENT

Please print or type all information.

_____ Date

POSITION FOR WHICH YOU ARE APPLYING: _____
HOW DID YOU HEAR ABOUT THE POSITION? _____

TELL US WHO YOU ARE

Name _____
Last First MI

Address _____
Street City County State Zip

Home Phone () _____ Business Phone () _____

Are you related to anyone who is employed at St. Mary's College of Maryland? Yes ___ No ___

Do you have a valid State of Maryland Driver's License (five (5) or fewer points)? Yes ___ No ___

TELL US ABOUT YOUR EDUCATION

High School Graduate or GED? Yes ___ No ___ If no, highest grade completed: _____

School _____ Address (City, State) _____

Dates attended _____ -- _____ Major course of study _____

College Graduate? Yes ___ No ___ If no, give total credits received: _____

Name(s) and address(es) of school(s) attended: _____

Dates attended: _____ -- _____ Major course(s) of study: _____

Degree(s) and date(s) received: _____

TELL US ABOUT YOUR WORK EXPERIENCE

Your present or last job. Name of employer: _____
Address where you work(ed): _____
Your supervisor's name and telephone number: _____
Your job title: _____ From ___/___/___ To ___/___/___
Hours per week: _____ Number of persons you supervised: _____
Job duties (give details): _____

Reason for leaving: _____

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: _____ Number of persons you supervised: _____
Job duties (give details): _____

Reason for leaving: _____

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: _____ Number of persons you supervised: _____
Job duties (give details): _____

Reason for leaving: _____

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: _____ Number of persons you supervised: _____
Job duties (give details): _____

Reason for leaving: _____

PLEASE LIST REFERENCES

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

ST MARY'S
COLLEGE of MARYLAND

The National Public Honors College

OFFICE OF HUMAN RESOURCES
47645 College Drive
St. Mary's City, MD 20686

www.smcm.edu
TEL: 240-895-4309
FAX: 240-895-4997

Date: _____

Name _____
Address _____
City State Zip _____

As an applicant for a position with St. Mary's College of Maryland, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position. I authorize a copy or facsimile of this form to be as valid as the original.

Date

Signature of Applicant