

## 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 ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

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 \_\_\_\_\_



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

www.stmch.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