



FIELD REPRESENTATIVE APPLICATION

Personal Data

Date _____

Name _____
Last First Middle initial

European address _____

APO address _____

Telephone _____ ID card holder? Yes No
Home Office

Permanent address _____

E-mail address _____ Social Security Number (optional) _____

Citizenship (country) _____ Passport number (optional) _____

Previous military service Honorably discharged Other _____

Position Sought

Full-time Part-time at _____ Education Center

Length of availability _____ Date available _____

Have you been previously employed by UMUC? Yes No If yes, when and where? _____

Education / Training Background (Begin with most recent.)

Schools/Colleges attended	Dates of attendance	Area of study	Major(s)	Degree granted (or credits to date)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Academic Information (Scholarships, honors, organizations, clubs, etc.)

Technical Skills

	Time spent in training	Length of experience	Beginner	Skill Level Intermediate	Advanced
Typing	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word processing	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other computer skills	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information (Please provide any other information pertinent to your application, including a résumé if available.)

Justification (Write a short paragraph stating why you would like to be a field representative.)

Work Background (Begin with last position held or present position if now employed.)

1. Position title _____ from _____ to _____
Month Year Month Year
Name and address of employer _____
Name of supervisor _____ Final salary _____
Brief description of duties _____

Reason for leaving _____

2. Position title _____ from _____ to _____
Month Year Month Year
Name and address of employer _____
Name of supervisor _____ Final salary _____
Brief description of duties _____

Reason for leaving _____

3. Position title _____ from _____ to _____
Month Year Month Year
Name and address of employer _____
Name of supervisor _____ Final salary _____
Brief description of duties _____

Reason for leaving _____

References (List of references, *other than family members or friends*, who have knowledge of your work experience, job capabilities, and potential. List must contain at least two former supervisors.)

Name _____	Name _____
E-mail _____	E-mail _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____
Name _____	Name _____
E-mail _____	E-mail _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____

I verify that the information I have provided on this application is, to my knowledge, accurate:

Signature _____ Date _____

FOR OFFICE USE ONLY

Position title _____ FTE _____
Name of employee who previously held this position _____
Location _____ Projected start date _____



LOGISTICAL SUPPORT ELIGIBILITY QUESTIONNAIRE

Name: _____

1. Are you a U.S. national with a valid U.S. passport? Yes _____ No _____
2. If no, from which country are you? _____
3. When did you first arrive in the host country? _____
4. For what purpose are you in the host country? _____
5. Are you currently or have you ever held a US military ID card through any organization or source? Yes _____ No _____
6. If yes, through whom (organization or source) did you receive the ID Card and for what period of time?

7. Have you ever obtained a residency permit for over 12 months in your host country? Yes _____ No _____
8. Have you ever obtained a visa or work visa in that country? Yes _____ No _____
9. Have you ever paid taxes to the host country? Yes _____ No _____
10. Were you prior active duty? Yes _____ No _____
11. If yes, are you retired military? Yes _____ No _____
12. Honorably discharged from military service? Yes _____ No _____
13. Dates of Military Service: _____

The information that I have provided to the University of Maryland University College is accurate and truthful. I authorize that the University may investigate any relevant information that may validate my employment eligibility. I hereby release from liability all individuals, corporations, or organizations that provide such information. I understand and agree that any material misrepresentations, omissions, or false statements may be cause for ineligible employment (or termination) with UMUC.

Signature of Applicant _____ Date _____