



# APPLICATION FOR NON-TEACHING EMPLOYMENT

## 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 or Type of Work Preferred

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Full-time  Part-time  Temporary

Length of availability \_\_\_\_\_ Starting Date \_\_\_\_\_ Minimum Acceptable Salary \_\_\_\_\_

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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Foreign Languages

	Speak			Read			Write		
	Poor	Fair	Fluent	Poor	Fair	Fluent	Poor	Fair	Fluent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Special Skills

Programs	Skill Level		
	Beginner	Intermediate	Advanced
Word processing Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheet Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Computer-Related Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 _____

**Certification and Authorization to Release Information**

I certify that the information that I have provided to University of Maryland University College (UMUC) is accurate and truthful to the best of my knowledge. I understand and agree that it is subject to verification by employees of UMUC. I authorize the persons, employers, schools, and other organizations named to provide UMUC with any relevant information that may be required to come to a decision regarding employment. I release from liability all individuals, corporations, or organizations that provide such information. I understand and agree that misrepresentation or omission of information may be cause for my not being considered for employment and that if I am employed, any false statements may result in my dismissal.

A photocopy of this signed authorization is as valid as an original signed authorization and may be used by UMUC to request the release of information authorized.

I acknowledge that I have read this authorization, fully understand it, and fully and voluntarily agree to its provisions.

Signature of Applicant \_\_\_\_\_ 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 \_\_\_\_\_