



**VI. 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 \_\_\_\_\_

**VII. References** (List of references, other than family members and friends, who have knowledge of your work experience, job capabilities, and potential.)

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Relationship _____	Relationship _____

**VIII. 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