

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): _____ State: _____

Summarize Your Special Skills or Qualifications

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Previous Employment (begin with most recent position)

Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

CARPENTERS

PLEASE RATE YOURSELF ON THE FOLLOWING CATEGORIES. EXPLAIN FURTHER IN THE SPACE PROVIDED IF NECESSARY.

1 – NO EXPERIENCE

TO

5-HIGHLY EXPERIENCED

DRYWALL (HANG) –
DRYWALL (FINISH) –
ROUGH FRAMING –
FINISH TRIM (BASE, CASING) –
INSTALL DOORS & WINDOWS –
ELECTRICAL –
PLUMBING (SET COMMODES, SINKS, ETC.) –
SIDING (ALUMINUM/VINYL) –
BRAKEWORK (WRAP WINDOWS, ETC.) –
SHINGLES –
CERAMIC TILE –
RUBBER ROOFING –
PLASTER –
PANELING –
DROP/STAPLE UP CEILING –
HARDWOOD FLOORING –
KITCHEN CABINETS (INSTALLATION) –
CARPET/VINYL –
FORMICA (BUILD COUNTERTOPS) –
MASONARY –
LAMINATE FLOORING –
POWER TOOLS (PLEASE LIST ALL TOOLS) –

COMMENTS/REMARKS:

Authorization for Release of Personal Records & Information

Print Name: First, Middle, Last	Social Security Number	Date of Birth	Driver's License Number	State
Print ALL other names used including maiden, married, nickname, legal name changes, etc:				
	From:		To:	
	From:		To:	
	From:		To:	
Print current & former home addresses; (start with current and include all addresses and dates for the past 7 years):				
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	
Print present and last five employers (start with current and include, address, city, state & phone number)				
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	

DISCLOSURE, CONSENT AND RELEASE:
 My Signature below does authorize the company to now, and at any time during my employment, request any present or former employer, school, police department (Criminal History or Criminal Background Check), financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish bearer with any and all information in their possession regarding me. I further authorize the company to use any and all information included in my application for position and/or resume, and all information presented by me, or subsequently developed by the company in order that my employment qualifications may be evaluated. According to the Fair Credit Reporting Act, if any adverse decision is made with regards to application for employment based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, I am entitled to receive a copy of that report upon written request, and a disclosure of the nature and scope of the investigative report, including the name, address and telephone number of the consumer reporting agency.

I certify that all the information provided by me is true and complete to the best of my knowledge. If I am employed, any false statement given is grounds for immediate dismissal. I hereby fully release and hold any and all parties and/or departments and/or organizations blameless and release them from any and all liability for statements or opinions made regarding my character, experience or qualifications. I sign this release with prior knowledge that individuals, departments, agencies and companies are fallible, and from time to time may make mistakes, and that this release allows the company to investigate and obtain information stated above. This information will be utilized for employment purposes only, and shall not be disclosed to any other party unless such disclosure is employment related.

I have read this statement and understand it. This release is given freely without pressure or duress. A copy or facsimile of this authorization is to be accepted with the same authority as the original.

Signature _____

Date _____

Phone _____

Request for Motor Vehicle Administration Records

Certified Record: \$12.00
Non-Certified Record: \$9.00

Please complete all requested information as applicable.

<p>Subject of Record:</p> <p><input type="checkbox"/> Vehicle Record</p> <p>Tag No.: _____</p> <p>VIN: _____</p> <p>Yr./Make/Model: _____</p> <p><input type="checkbox"/> Driver Record</p> <p>CDL holders: To obtain your medical certification information, you must also request a PBJ driving record.</p> <p>Name: _____</p> <p>DOB: _____</p> <p>LIC #: _____</p> <p>Address: _____</p>	<p>Type of Record:</p> <p><input type="checkbox"/> 3 year driving record</p> <p><input type="checkbox"/> *Complete driving record (all information in MVA data base).</p> <p><input type="checkbox"/> *PBJ driving record (Also contains medical certification information for CDL holders)</p> <p><small>*Available to: individual of record or individual's attorney; police or judicial system; authorized representative of any federal, state or local government; or authorized employer of CDL drivers.</small></p> <p><input type="checkbox"/> Application for driver's record/identification card.</p> <p><input type="checkbox"/> Title record.</p> <p><input type="checkbox"/> Certified copy of Maryland title for export of vehicle.</p> <p><input type="checkbox"/> Registration record.</p> <p><input type="checkbox"/> Original issue date of license.</p> <p><input type="checkbox"/> Other: _____</p>
<p>Please complete this section if record is to be mailed. Please print or type information.</p> <p>Full Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>	<p>Requestor Information:</p> <p>Name: _____</p> <p>LIC #: _____</p> <p>Address (Home): _____</p> <p>Telephone (Home): _____</p> <p>Address (Work): _____</p> <p>Telephone (Work): _____</p>
<p>Status:</p> <p><input type="checkbox"/> Attorney (Please sign "Attorney Certification" if requesting complete driving record of your client)</p> <p>"I certify that I am the attorney for the individual whose complete driving record or PBJ is being requested."</p> <p>Attorney's Signature: _____</p> <p><input type="checkbox"/> Employer: _____</p> <p>"I certify that I am an employer or potential employer of the individual for whom I am requesting/receiving a driving record, and that a valid commercial driver's license is required of the individual as a condition of employment."</p> <p>Employer's Signature: _____</p> <p>Printed Name: _____</p> <p>Purpose of Request: _____</p>	<p><input type="checkbox"/> Business Name: _____</p> <p><input type="checkbox"/> Law Enforcement/Government Agency</p> <p>Name: _____</p> <p><input type="checkbox"/> Insurance Company</p> <p>Name: _____</p> <p><input type="checkbox"/> Researcher: _____</p> <p><input type="checkbox"/> Own record: _____</p> <p><input type="checkbox"/> Other: Please specify: _____</p>
<p>My signature acknowledges, under penalty of criminal prosecution, that I will use information received from the Motor Vehicle Administration (MVA) solely for the purpose I describe on this application, and further agree that I will not release personal information obtained from MVA records except as permitted by Title 4 of the General Provisions Article (Maryland Public Information Act).</p> <p>I understand and acknowledge that by requesting information from Motor Vehicle Administration records I have read and agree to the terms of the MVA Privacy Protection Agreement on the reverse side of this form. I also acknowledge that I have read the Notice of Appeal Procedure also set forth on the reverse side.</p> <p>Signature: _____ Printed name: _____ Date: _____</p>	
<p>MVA Use Only: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Gratis</p>	

6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062

For more information visit our website at www.mva.maryland.gov, call 410-768-7000 or TTY for the hearing impaired: 1-800-492-4575.

Part 1 - Accounting Copy

Part 2 - Office Copy

Part 3 - Customer Copy

MVA Privacy Protection Agreement

Use of information obtained through this Request is governed by Federal and State laws. It is the responsibility of the Requestor to insure that all use of information obtained through this Request complies with all applicable Federal and State laws.

By signing this "Request for Motor Vehicle Records", the Requestor certifies that the Requestor, (if applicable) Requestor's employer and employees:

1. Understand that federal laws affect access to and use of computer information, including, but not limited to, 15 U.S.C. § 271 *et seq.* (National Institute of Standards and Technology); 44 U.S.C. § 3541 *et seq.* (Federal Information Security Management Act of 2002); 49 U.S.C. § 30301 *et seq.* (National Driver Register Act of 1982); 5 U.S.C. § 552 (Freedom of Information Act); 5 U.S.C. § 552a (Privacy Act of 1974); 18 U.S.C. § 1030 (U.S. Computer Crime Statute of 1984); 18 U.S.C. § 1001 *et seq.* (Computer Fraud and Abuse Act of 1986); 17 U.S.C. § 109 (Computer Software Rental Amendments Act of 1990); 15 U.S.C. § 1681 *et seq.* (Fair Credit Reporting Act); and 18 U.S.C. § 2721 *et seq.* (Driver's Privacy Protection Act of 1994).
2. Understand that the Maryland Department of Transportation Office of Transportation Technology Services, its client agencies and their customers also adhere to State data processing security policies as set forth in Executive Order 01.01.1983.18 (Privacy and State Data System Security); Md. Code Ann., Criminal Law Article § 8-606 (Making false entries in public records and related crimes) and § 7-302 (Unauthorized access to computers and related material); Md. Code Ann., General Provisions Article, Title 4 (Maryland Public Information Act); and, as published by the Secretary of the Department of Budget and Management from time to time under Md. Code Ann., State Finance and Procurement Article, Title 3A, Subtitle 3 (Information Processing).
3. Agree to maintain in strictest confidence and not willfully disclose to any person, firm, or corporation information obtained as a result of their access to personal information from motor vehicle records.
4. Are familiar with all provisions of the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. § 2721 *et seq.*, and with Title 4 of the General Provisions Article (Maryland Public Information Act), and §§ 12-111 through 12-113 of the Transportation Article, Annotated Code of Maryland, which limit access to personal information from public records in Maryland. The Requestor on behalf of itself, its successors and assigns further agrees that all users will abide by the terms of both the federal and state law including, but not limited to, those restricting access to personal information from Motor Vehicle Administration records only to those persons and for those purposes which are permitted under both laws.
5. Agree to keep a record for five (5) years of persons to whom personal information is redisclosed under this Agreement, and the purpose for which the personal information is to be used; and, to make that record available to the Motor Vehicle Administration upon request.
6. Shall be liable for, and shall indemnify, defend and hold the Motor Vehicle Administration harmless for any misuse or misappropriation of any personal information in a record obtained from the Administration in connection with this Agreement, including, without limitation, reasonable attorneys' fees and all other costs of litigation.
7. Shall further indemnify the Motor Vehicle Administration for and against any and all losses, damages, judgments, liabilities, or similar costs and expenses which arise in whole or part out of acts or omissions by the client with respect to laws restricting access to and disclosure of vehicle records including, without limitation, reasonable attorneys' fees and all other costs of defending against such action or claim.

Notice of Appeal Procedure

In accordance with General Provisions Article ("GP") § 4-203(c), the Requestor ("You" or "you") is informed of all available remedies for review of the decision of the Motor Vehicle Administration ("MVA") to withhold any of the documents requested on the front side of this form. You have the right/option to refer your concerns to the Public Access Ombudsman, in the Office of the Attorney General, pursuant to GP § 4-1B-01, *et seq.* You may also pursue judicial enforcement under GP § 4-362 of the Maryland Public Information Act. (Copies of the law available upon request.)

Reverse



Apply to register to vote with your driver's license transaction. For details ask your customer agent.