



Office of Human Resources
 14000 Jericho Park Road
 Bowie, Maryland 20715
 (301) 860-3450

An Equal Opportunity/Affirmative Action Employer

FOR HR OFFICE USE ONLY	
1.	_____
2.	_____
STATUS	_____
CRED.	_____
APPV.	DISAPPV _____
DATE	REASON _____
BY:	_____

NAME: _____
 LAST _____
 FIRST _____
 MI _____

APPLICATION FOR STAFF EMPLOYMENT

PLEASE PRINT OR TYPE ALL INFORMATION

APPLYING FOR: _____
 (A separate application is required for each title)

NAME: _____
 Last First Mi

ADDRESS: _____
 Street City County State Zip Code

HOME PHONE: _____ **BUSINESS PHONE:** _____

EDUCATION/CREDENTIALS

Education	Name and Location of School (City and State)	Dates From - To	No. of Years & Credit Hours Completed	Major or Type of Program	Type of Degree or Certification & Date
High School Graduate or GED Yes ___ No ___					
College University Graduate Yes ___ No ___					
Graduate School Completed Yes ___ No ___					
Trade/Technical School Graduate Yes ___ No ___					

List Additional Special Qualifications and Skills (Applicable Equipment, Software, Foreign Language Spoken, Etc.)

If the position you are applying for requires a license (including driver's license), certification or other authorization to practice a trade or profession, complete the following section and submit a copy with this form.

Type Class	License Number	Expiration Date	Granted By (Board or Commission)	State

WORK EXPERIENCE

Starting with your most recent position, briefly describe your jobs. *Do not write "See Resume."* Include pertinent voluntary experience. If more than one position was held at any one company, list each separately. Using the same format below, you may attach additional sheets of information.

1. **Your present or last job.** Name of employer: _____

Address where you worked: _____

Your last supervisor's name and telephone number: _____

Your position: _____ From: _____ To: _____

Hours per week: _____ # persons supervised: _____ Salary: Started \$ _____ yr. Ended \$ _____ yr.

Reason for Leaving: _____

Job duties (give details): _____

2. **Your next most recent job.** Name of employer: _____

Address where you worked: _____

Your last supervisor's name and telephone number: _____

Your position: _____ From: _____ To: _____

Hours per week: _____ # persons supervised: _____ Salary: Started \$ _____ yr. Ended \$ _____ yr.

Reason for Leaving: _____

Job duties (give details): _____

3. **Your next most recent job.** Name of employer: _____

Address where you worked: _____

Your last supervisor's name and telephone number: _____

Your position: _____ From: _____ To: _____

Hours per week: _____ # persons supervised: _____ Salary: Started \$ _____ yr. Ended \$ _____ yr.

Reason for Leaving: _____

Job duties (give details): _____

WORK EXPERIENCE CONTINUED

4. **Your next most recent job.** Name of employer: _____

Address where you worked: _____

Your last supervisor's name and telephone number: _____

Your position: _____ From: _____ To: _____

Hours per week: _____ # persons supervised: _____ Salary: Started \$ _____ yr. Ended \$ _____ yr.

Reason for Leaving: _____

Job duties (give details): _____

5. **Your next most recent job.** Name of employer: _____

Address where you worked: _____

Your last supervisor's name and telephone number: _____

Your position: _____ From: _____ To: _____

Hours per week: _____ # persons supervised: _____ Salary: Started \$ _____ yr. Ended \$ _____ yr.

Reason for Leaving: _____

Job duties (give details): _____

6. **Your next most recent job.** Name of employer: _____

Address where you worked: _____

Your last supervisor's name and telephone number: _____

Your position: _____ From: _____ To: _____

Hours per week: _____ # persons supervised: _____ Salary: Started \$ _____ yr. Ended \$ _____ yr.

Reason for Leaving: _____

Job duties (give details): _____

ADDITIONAL INFORMATION

Part 1

1. What type of employment will you accept? (Check all that apply.)

Full Time _____ Part Time _____ Regular _____ Contractual _____

Days Only _____ Shift Work _____

2. What date are you available to start work? _____

3. What is the minimum salary you require? \$ _____ per _____

Part 2

1. Were you ever employed by Bowie State University (BSU), another University of Maryland System (UMS) institution, or the State of Maryland? Yes _____ No _____

If Yes, give agency name, location, and dates. _____

2. Is any member of your family employed at BSU? Yes _____ No _____

If Yes, please provide the following information about your family member.

Name _____ Title _____

Relationship _____ BSU Department _____

Part 3

1. Are you legally authorized to work in the U.S.? Yes _____ No _____ If No, please provide information about your VISA.

Type of VISA _____ Expiration Date: _____

Part 4

1. Your former employers and/or schools you attended will be used as references. May we contact your present employer at this time?

Yes _____ No _____ Comments: _____

Part 5

1. How were you referred to BSU? Walk In _____ Advertisement (What Publication?) _____

Employment Agency _____ Other (Please explain) _____

Applications must be received in the Office of Human Resources by the announcement closing date. Please notify the Office of Human Resources promptly in writing of any changes in name, address, or telephone number. You must be legally authorized to work in the United States under the Immigration Reform and Naturalization Act of 1986. You may be tested for illegal drug use. Depending upon the position accepted, you may also be given a medical examination to determine your ability to perform essential functions of the position.

I hereby affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and complete to the best of my knowledge and belief. I, therefore, authorize all persons or entities to provide any relevant information in their possession to Bowie State University (BSU) or its agent for use in considering me for employment and I specifically waive any required notification. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, I will not be eligible for employment at Bowie State University, or if already employed, it shall be considered sufficient cause for termination.

Signature: _____ Date: _____

Bowie State University is an equal opportunity/affirmative action employer. The University administers its programs, practices and procedures without regard to race, color, ancestry or national origin, disability, religion, age, sex (including pregnancy), marital status, sexual orientation, genetic information, gender identity/expression, covered veteran status or any other basis protected by federal or Maryland state law, as well as the University's non-discrimination policy.

BOWIE STATE UNIVERSITY
Affirmative Action Program
CONFIDENTIAL VOLUNTARY APPLICANT DATA FORM

Last Name	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Position Applying For:		

TO THE APPLICANT: This employer is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “disabled veteran” is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/> Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	<input type="checkbox"/> White/Caucasian (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
How did you hear about this vacancy:	
<input type="checkbox"/> Newspapers/Chronicle of Higher Education	<input type="checkbox"/> Other State Agency (please specify):
<input type="checkbox"/> Website (please specify):	<input type="checkbox"/> BSU Office of Human Resources
<input type="checkbox"/> Maryland Workforce Exchange	<input type="checkbox"/> Other (please specify):
<i>EEO-1 Job Category (to be completed by the EEO/AA Officer):</i> _____	

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.