



601 Light Street • Baltimore MD 21230

**APPLICATION FOR EMPLOYMENT**

*Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, marital status, sexual orientation, physical or mental disability, veteran of the Vietnam era, disabled veterans or veteran's status.*

**Personal**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Have you ever applied for employment with us?  Yes  No

Position Desired \_\_\_\_\_ Pay Expected (optional) \_\_\_\_\_

Are you available for full-time work?  Yes  No If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No Are you legally eligible for employment in the United States?  Yes  No

When will you be able to begin work? \_\_\_\_\_ Are you currently employed?  Yes  No

Are you related to any current staff member at the Science Center?  Yes  No How did you learn of our organization? \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

Are you over 18 years of age?  Yes  No Date of birth, if under 18 \_\_\_\_\_

**Education**

School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. This section must be completed in full. Resumes are not an acceptable substitute.

1.

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Employed (Month and Year) From \_\_\_\_\_ To \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2.

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Employed (Month and Year) From \_\_\_\_\_ To \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3.

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Employed (Month and Year) From \_\_\_\_\_ To \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4.

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Employed (Month and Year) From \_\_\_\_\_ To \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

***If necessary, please use additional sheet to list previous employment. We may contact the employers listed above unless you indicate those you do not want us to contact.***

***Do not Contact:***           Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

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UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR FOR PROSPECTIVE EMPLOYMENT OF ANY EMPLOYEE TO SUBMIT TO TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT AND HAVE NOT BEEN GIVEN A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Applicant's Statement

I certify that answers given herein are true and completed to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Maryland Science Center. I understand that this employment application and any handbook, policy manual, or any other written/oral policy or practice of the Maryland Science Center does not constitute contracts of employment and that either I or the Maryland Science Center may terminate my employment at any time for any reason. I further understand that any expression to the contrary made during the processing of this application is expressly disallowed by the Maryland Science Center. I also acknowledge that the Maryland Science Center reserves the right to amend its policies and practices, whether written or oral, as it deems necessary or appropriate regardless of whether such policies or practices are established prior to or after my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application will be kept in the Maryland Science Center active files for a period of 6 months. If the applicant is not hired during that period the applicant must complete a new application to be considered for employment.