



(OFFICE USE ONLY)

Class Code _____

APPR. _____ DISAPPR. _____ BY _____

Reason _____

Pending Code _____

MAIL OR FAX APPLICATION:

Urban N. Zink Contractor, Inc.
P.O. Box "S"
Chase, Maryland 21027

Fax: 410-335-8906

SOCIAL SECURITY NUMBER: _____

PRINT OR TYPE ALL INFORMATION

This application is part of the examination process. You must meet all of the minimum qualifications for the job to which you are applying to be considered.

Applying For:

Job Title:		Job Number #:	
------------	--	---------------	--

(A separate application is required for each job title unless otherwise indicated.)

Applicant Name and Contact Information:

Name:							
Last		First				MI	
Address:							
Street		City		County		State Zip Code	
Home Phone:		Work Phone:		E-mail:			

Education and Training:

Do you have a high school diploma or GED?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what is the highest grade that you completed?		
School:		Address (City, State):				
Dates attended:		Major course of study:				
From		To				

CONTINUING EDUCATION

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application. For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance and expiration date.

WORK EXPERIENCE:

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 4:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 5:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986. YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR APPOINTMENT. VERIFICATION WILL BE COMPLETED BY THE APPOINTING AUTHORITY. YOU MAY BE TESTED FOR ILLEGAL DRUG USE AND A COMPREHENSIVE CRIMINAL BACKGROUND CHECK MAY BE PERFORMED.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position I am aware that a false statement is punishable under law by fine or imprisonment or both.

DATE: _____

SIGNATURE OF APPLICANT: _____