



District Court Commissioner Employment Application

Mail to the Administrative Judge of the District Court where you are applying.

NOTE: APPOINTEE MUST BE A U.S. CITIZEN AND A RESIDENT OF THE CITY/COUNTY WHERE THE VACANCY EXISTS.

Application will be kept on file for one year. Receipt will be acknowledged if a self-addressed stamped envelope is attached.

The Maryland Judiciary is an Equal Opportunity Employer

Please print or type all information. Please complete all relevant sections. Application may be rejected if information is missing. You may attach your resume; however, you must still complete all relevant sections. If you need additional space please attach additional pages. Begin each continuation section with the section title. The Authorization for Access to Records Form contained in this Application must be fully completed and submitted with this Application. Applications received without this form will not be considered.

SECTION ONE: IDENTIFICATION DATA

Date _____

Name: _____	
Home Address: _____ <small>(Street & Number)</small>	Home Phone: _____ - _____
_____ <small>(City, State & Zip Code)</small>	Business Phone: _____ - _____
Email Address: _____	
Citizen of: U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long? _____	
Position for Which You are Applying: _____	
Location: _____	PIN # _____

SECTION TWO: EDUCATION, TRAINING AND SKILLS

Schools Attended	Name and Location of School	Graduated (Yes/No)	No. of Credits	Degree	Major
High School					
Community College					
College or University					
Other					

Can you type? Yes No (Note: Typing test will be given to applicants interviewed for positions requiring typing.)

Do you possess a valid motor vehicle license? Yes No Drivers License # _____

License State _____ Type/Class _____ Expiration Date _____

Computer Skills:

Types of Software with which you are proficient	Types of Computer Hardware with which you are Proficient	Computer Certifications

Special Qualifications (List active professional/technical licenses or certifications, academic and professional awards, or other special qualifications you have received.)

License, Certification, Awards, Etc.	Field, Specialization, Nature of Award, Etc.	School Attended or Organization from which award, certificate was received	Expiration Date (If relevant)

SECTION THREE: EMPLOYMENT HISTORY

List your work experience, including military service, beginning with your current or most recently held position. You may also include volunteer experience. You may attach a copy of your resume, but you must fill out the following blocks completely to be considered for employment. If necessary, attach 8 1/2 by 11 sheets, beginning each continuation sheet by noting the section and/or block to be continued. Applicants must be United States citizens or eligible to work in the United States.

1. Current or Most Recent Position		Job Title:	Type of Employment	
Employer's Name and Address:		(Description of Duties:)	<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving			<input type="checkbox"/> Other type of employment (Specify)	
From: (Month, Day & Year) To: (Month, Day & Year)			Average No. of Hours Worked Per Week:	
Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary:		If unemployed, please explain reason:
How Many _____				
2. Former Position:		Job Title:	Type of Employment	
Employer's Name and Address:		(Description of Duties:)	<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving			<input type="checkbox"/> Other type of employment (Specify)	
From: (Month, Day & Year) To: (Month, Day & Year)			Average No. of Hours Worked Per Week:	
Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary:		If lapse of time between positions, please explain reason:
How Many _____				
3. Former Position:		Job Title:	Type of Employment	
Employer's Name and Address:		(Description of Duties:)	<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving			<input type="checkbox"/> Other type of employment (Specify)	
From: (Month, Day & Year) To: (Month, Day & Year)			Average No. of Hours Worked Per Week:	
Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary:		If lapse of time between positions please explain reason:
How Many _____				

4. Former Position:		Job Title:	Type of Employment	
Employer's Name and Address:		(Description of Duties:)	<input type="checkbox"/> Full Time Regular	<input type="checkbox"/> Part Time Regular
Immediate Supervisor's Name, Title and Phone No:			<input type="checkbox"/> Contractual	<input type="checkbox"/> Temporary
Reason for Leaving			<input type="checkbox"/> Other type of employment (Specify)	
From: (Month, Day & Year)	To: (Month, Day & Year)	Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Average No. of Hours Worked Per Week:
		How Many _____		Salary:
				If lapse of time between positions please explain reason:

NOTE: If you are selected for appointment to this position, you may be given a medical examination to determine your ability to perform job related functions.

SECTION FOUR: GENERAL INFORMATION

NOTE: If relevant provide a brief but complete explanation for each question in the blanks provided on the next page. If the answer to any question is yes, please explain fully, including any pardon received. Begin your explanation by noting the number of the question to which you are responding. Answers to these questions are not an automatic bar to consideration for employment. Each case will be considered on its own merit.

No.		Yes	No	More Information Provided on Next Page
1.	Are you presently charged or have you been charged with a violation of the law? If yes, please provide an explanation of the nature of the offense and when it occurred, and the court location where the case was handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever been convicted or received probation before judgment for any offense? If yes, please provide an explanation of the nature of the offense and when it occurred, and the court location where the case was handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: A CRIMINAL RECORD CHECK AND A CHECK OF THE RECORDS OF THE STATE MOTOR VEHICLE ADMINISTRATION WILL BE MADE ON EVERY APPLICANT FOR DISTRICT COURT COMMISSIONER, AT SUCH TIME AS THE APPLICANT IS CONSIDERED FOR EMPLOYMENT. THE EXISTENCE OF A CRIMINAL RECORD, HOWEVER, DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT				
3.	Are you now employed by an agency of the State of Maryland, or any subdivision thereof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you now employed by the University of Maryland?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have relatives who are currently employed by the Maryland State Judiciary? If yes, please provide name, relationship, and court or office in which they work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Can you perform the essential duties of the job for which you applied, with or without a reasonable accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE ADDITIONAL DETAILS BELOW

[Empty box for providing additional details]

NOTICE TO APPLICANTS

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employees to submit to or 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 is subject to a fine not to exceed \$100.

PLEASE READ AND SIGN THIS APPLICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY THEN SIGN THIS APPLICATION

I hereby certify that all information provided by me on this application is ACCURATE AND COMPLETE to the best of my knowledge. I understand that any false or incomplete information furnished by me, or failure to disclose requested information, may result in the rejection of this application, may make me no longer eligible for consideration for employment with the Judiciary, or may result in my dismissal after my employment. I am aware that a false statement is punishable under law by fine or imprisonment or both. I authorize the Judiciary to investigate any statement contained in this employment application and release former employer and reference contacts from any and all liability on account of furnishing such information to the Judiciary.

I further understand that, if considered for this position, the Judiciary will conduct civil, criminal and/or driving record checks. I understand that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between the Maryland State Judiciary and myself.

The Maryland Judiciary is a Drug Free workplace. Applicants must be United States Citizens or eligible to work in the United States. Applicants who need accomodation for an interview should request this in advance.

Signature of Applicant

Date

THANK YOU FOR YOU INTEREST IN EMPLOYMENT WITH THE MARYLAND JUDICIARY.

AUTHORIZATION FOR ACCESS TO RECORDS - Commissioner Applicants

Jurisdiction Dept./Position Title: _____ (e.g. Talbot CC, Kent DC - Criminal/Traffic)
Office Location (Street/City): _____

APPLICANTS PLEASE READ, COMPLETE, AND SIGN.

I hereby authorize access to any information about me, which may be found in the Criminal Records Central Repository, the Motor Vehicle Administration Driver Records Division, the District Court Systems or any other agency. I hereby authorize the Judiciary to investigate and report on references given by me including former employers, personal references, and educational institutions. I have been advised that this information may be used as a factor for employment consideration. In this connection, the following information is furnished.

Last Name	First Name	Middle Name	All other names previously used			
Social Security Number			Date of Birth	Month	Day	Year
Race	Gender	Height/Weight	Driver's License No. and Issuing State			
Current Physical Address (No P.O. Box #'s)		Street	City	County	State	Zip
List Addresses for the past ten (10) years		Street	City	County	State	Zip
1.						
2.						
3.						
4.						

I hereby consent to and authorize the release of personal information from my personal records and/or files.

Signature

Date

APPLICANT DO NOT WRITE BELOW THIS LINE

DOES THIS PERSON HAVE A RECORD ON FILE?

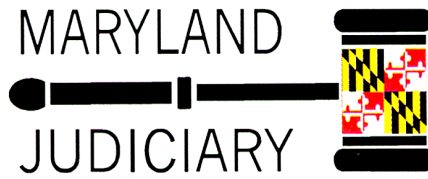
(If yes, attach report.)

- YES
 YES
 YES

- NO
 NO
 NO

- Criminal Record Attached
 MVA Record Attached
 Civil Record Attached

Date	Signature of Verifier	Title



VOLUNTARY PERSONAL INFORMATION FORM

THE FOLLOWING INFORMATION IS REQUESTED ON A VOLUNTARY BASIS. THIS INFORMATION WILL BE USED TO FURTHER THE MARYLAND STATE JUDICIARY'S COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, AND FOR STATISTICAL AND RESEARCH PURPOSES ONLY. CHOOSING NOT TO ANSWER THESE QUESTIONS WILL NOT RESULT IN ADVERSE IMPACT ON AN APPLICANT.

GENDER INFORMATION

- Male Female

RACIAL INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian or Alaska Native <i>and</i> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian <i>and</i> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black or African American <i>and</i> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders | <input type="checkbox"/> American Indian or Alaskan Native <i>and</i> Black or African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hispanic <i>and</i> White |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic <i>and</i> Black or African American |
| <input type="checkbox"/> Other (Please specify) _____ | |

RECRUITMENT INFORMATION

Position Applied For: _____ PIN# _____

How did you learn about this position?

- | | |
|---|---|
| <input type="checkbox"/> Judiciary Job Announcement | <input type="checkbox"/> Judiciary Employee |
| <input type="checkbox"/> Newspaper Advertisement (Please specify which) | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Annapolis Capital | |
| <input type="checkbox"/> Baltimore Sun | |
| <input type="checkbox"/> Washington Post | |
| <input type="checkbox"/> Other (Please specify) _____ | |
| <input type="checkbox"/> Judiciary Website _____ | |
| <input type="checkbox"/> Other Website (Please specify) _____ | |
| <input type="checkbox"/> Other (Please specify) _____ | |

The Maryland Judiciary is an Equal Opportunity Employer committed to diversity in the workplace.