

Maryland State Education Association

Human Resources

140 Main Street

Annapolis, Maryland 21401

www.marylandeducators.org/careers-msea



EMPLOYMENT APPLICATION

MSEA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND ENCOURAGES ALL PERSONS INCLUDING MINORITIES, WOMEN, AND INDIVIDUALS WITH DISABILITIES TO APPLY.

Maryland State Education Association Employment Application

Position Title

Name	First	Middle	Last
Address		Home Telephone Number	
City, State, Zip		Office Telephone Number	
E-mail Address		Cell Number:	
If you are known to schools or references by another name, please give name			
When are you available to start?			
Have you ever worked for the MSEA?		If so, when?	
How did you learn about this vacancy?			
Are you legally eligible to work in the U.S.? <i>(Verification will be required upon hire)</i>			

EDUCATION

	Name & Location	Major Field of Study	Specify Diploma, Degree, or Certificate received
High School			
Certified Technical/ Occupation Specific Training			
College or University			
Post Graduate Study			

Other (including military)			
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**NOTE: An official transcript of the highest degree conferred may be required, if selected.*

ADDITIONAL DATA:

If appropriate to the position for which you are applying, please complete the following:

- Operating Systems
- Application Systems
- Networks
- Software used
- Other equipment operated *(if applicable)*

Typing/Keyboard speed	words per minute	Note taking speed	words per minute
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Please explain your experiences and skills which directly relate to and qualify you for this position. List honors, hobbies and organizational memberships, which you feel would enhance your application. Use additional sheets, if needed.

COMPLETE ALL SECTIONS, EVEN IF ATTACHING A RÉSUMÉ.

EXPERIENCE: (Begin with most recent position.)

Employer			Dates of Employment From: To:		Salary Start:
Street	City & State	Zip	Job Title		Current: or Final:
Name and Title of Supervisor				Telephone Number	
Reason for Leaving					
Duties					
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Employer			Dates of Employment From: To:		Salary Start:
Street	City & State	Zip	Job Title		Current: or Final:
Name and Title of Supervisor				Telephone Number	
Reason for Leaving					
Duties					
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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Duties					
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Name and Title of Supervisor				Telephone Number	
Reason for Leaving					
Duties					
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

(Use additional sheets if necessary)