



“BuildUP” TRAINING PROGRAM APPLICATION

Please fill out completely. Resumes may NOT be substituted for this application. Applicants must be at least 18 years of age to participate in this training program. (Please note applicant must be at least 21 to participate in the CDL program.) Information provided is confidential and will only be used by authorized personnel.

Program Selection: (Indicate your program priority by circling 1 as your first choice, 2 as second choice and 3 as your lowest in priority of training. Please indicate N/A if you are not interested in the training program.)	Training Program Selection	Preference of Training Program			
	Construction Craft Skills (Carpentry)	1	2	3	N/A
	Computer Aided Drafting and Design (CADD)	1	2	3	N/A
Commercial Driver’s License B (CDL B) (Attach to application a copy of your most recent driving record and valid Maryland driving license)	1	2	3	N/A	

SOCIAL SECURITY NUMBER:		- -			
Last Name:		First Name:		MI:	
Address:		City:		State:	
Zip Code:		() -		Cell Phone:	
Veteran (Circle one): Yes No		Home Phone:		() -	
Work Phone:		() -		Email Address:	
Are you a US Citizen? Yes No If no, are you legally authorized to work in the United States? Yes No		Do you have any physical limitations/restrictions? Yes No If yes, please provide a brief description.			
Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No A conviction is not an automatic disqualification of the application in the training program.					

Please check “X” for the county in which you reside.

How did you learn about the training program(s).

- | | |
|--|--|
| <input type="checkbox"/> Garrett | <input type="checkbox"/> Prince George’s |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Charles |
| <input type="checkbox"/> Washington County | <input type="checkbox"/> Calvert |
| <input type="checkbox"/> Frederick | <input type="checkbox"/> St. Mary’s |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Anne Arundel |
| <input type="checkbox"/> Montgomery | <input type="checkbox"/> Queen Anne’s |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Caroline |
| <input type="checkbox"/> Howard | <input type="checkbox"/> Dorchester |
| <input type="checkbox"/> Harford | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Kent | <input type="checkbox"/> Worcester |

- MDOT/SHA Web Site(s)
- Other Website (specify) _____
- Newspaper / Journal (specify) _____
- Career Fair (specify) _____
- Radio or Television (specify) _____
- College Recruitment (specify) _____
- High School Recruitment (specify) _____
- Employment Office (specify) _____
- Bulletin Board (specify) _____
- Heard about from an Employee
- Other (specify) _____

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Arrangements and/or accommodations will be provided upon request for persons with disabilities.

Applicants are requested to voluntarily provide this information for statistical purposes only; however, failure to do so will not affect your chances of training selection.

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Birth Date:	
Language(s) Spoken:	

Ethnic/Race Identification	
<input type="checkbox"/> Check this block if you are of Hispanic or Latino origin.	
Race: Select one or more. If multiracial, check all that apply.	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

EDUCATION:

Did you graduate from high school or have you obtained a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of High School:			
Address:			
If no, enter the highest grade successfully completed:			
Did you attend a post secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what was the highest degree successfully completed ?			
Trade or Technical School	Course	Course Work Completed?	Course Work Awarded? Certificate, Title Awarded

Are you a current <u>permanent</u> State employee? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Are you a contractual or temporary employee for the State <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, start date _____	
If you are a permanent, contractual or temporary employee for a State agency please indicate where you currently work? _____	
If you are currently a <u>permanent</u> MDOT employee, at which Administration are you assigned? If yes, please check or type "X" in the appropriate box.	
<input type="checkbox"/> MAA <input type="checkbox"/> MdTA <input type="checkbox"/> MPA <input type="checkbox"/> MTA <input type="checkbox"/> MVA <input type="checkbox"/> SHA <input type="checkbox"/> TSO	

EMPLOYMENT RECORD

Are you currently employed? YES NO If not, how long have you been unemployed? _____
 List all relevant work experience, including experience gained in the armed forces, different jobs held within the same organization, pertinent volunteer work, and part-time employment.
 Please list your MOST RECENT work experience FIRST.
 If more space is required, you may attach additional pages to the application. Be sure to put your Social Security Number on all additional pages.

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A	COMPANY NAME:		SUPERVISOR'S NAME:		TELEPHONE NUMBER: () -	
	ADDRESS:		FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	
	REASON FOR LEAVING:		JOB TITLES OF PERSONS SUPERVISED:			
	DATE: (MONTH/YEAR) From: To:		JOB TITLE:			
	SPECIFIC DUTIES (attach additional pages if necessary):					

B	COMPANY NAME:		SUPERVISOR'S NAME:		TELEPHONE NUMBER: () -	
	ADDRESS:		FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	
	REASON FOR LEAVING:		JOB TITLES OF PERSONS SUPERVISED:			
	DATE: (MONTH/YEAR) From: To:		JOB TITLE:			
	SPECIFIC DUTIES (attach additional pages if necessary):					

I certify that all information contained on this application is true and complete. I authorize the Maryland Department of Transportation to contact all sources and/or conduct a thorough background investigation, as necessary, to verify the information contained on this application. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for rejection from the examination process, removal from the list of eligible's and withdrawal of an offer of "Build UP" training program.

Applications can be mailed to: Maryland State Highway Administration, Office of Equal Opportunity, 211 East Madison Street, Mailstop – MLL-3, Baltimore, Maryland 21202

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE IMMIGRATION AND REFORM CONTROL ACT OF 1986.

SIGNATURE OF APPLICANT

DATE

<p>OFFICE USE ONLY</p> <p>_____ APPROVED</p> <p>_____ DISAPPROVED</p> <p>_____ PENDING</p>

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