**ACTING CAPACITY APPLICATION**

**FOR MINIMUM QUALIFICATION VERIFICATION PURPOSES ONLY**

***The Maryland Judiciary is an Equal Opportunity Employer***

**INSTRUCTIONS:** Please print clearly or type all information. You must complete all relevant sections of the application to verify Minimum Qualifications for the Acting Position. This application is **NOT** to be used for open recruitment efforts.

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Date |  |
| Location |  | PIN |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name and Middle Initial |  | Last Name |  |
| Home Address (Street and Number) |  |
| City, State and Zip Code |  |
| Home Phone |  | Work Phone |  |
| Cell Phone |  | Email Address |  |

**EDUCATION AND SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Schools Attended | Name and Location of School | Graduated? (Yes/No) | Total # Credits | Degree Type or Certification | Major |
| High School |  |  |  |  |  |
| Business or Technical |  |  |  |  |  |
| College or University |  |  |  |  |  |
| College or University |  |  |  |  |  |
| College or University |  |  |  |  |  |

#  LICENCES AND CERTIFICATIONS

List active professional and technical licenses and certifications (other than computer related), academic and professional awards, and any other special qualifications you have earned or received.

|  |  |  |  |
| --- | --- | --- | --- |
| License, Certification, or Award | Field, Specialization, or Nature of Award | School or Organization | Expiration Date (if relevant) |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT HISTORY**

**Important Instructions:**

1. List all your work experience, including military service.

# You must complete all relevant sections of the application to be considered for the Acting Position.

**Current or Most Recent Position**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Supervisor’s Name |  |
| Business Address |  | Supervisor’s Phone Number |  |
| Full Time or Part Time |  | Date Started (Mo./Day/Year) |  |
| Regular, Contract, or Temp. |  | Date Ended (Mo./Day/Year) |  |
| Your Job/Working Title |  | Your Salary |  | # Hours per Week |  |
| Number of Employees You Supervise and Their Job Titles |  |
| Description of Job Duties **▼Start in space below▼** | Reason for Leaving |  |
|  |

**Former Position**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Supervisor’s Name |  |
| Business Address |  | Supervisor’s Phone Number |  |
| Full Time or Part Time |  | Date Started (Mo./Day/Year) |  |
| Regular, Contract, or Temp. |  | Date Ended (Mo./Day/Year) |  |
| Your Job/Working Title |  | Your Salary |  | # Hours per Week |  |
| Number of Employees You Supervise and Their Job Titles |  |
| Description of Job Duties **▼Start in space below▼** | Reason for Leaving |  |
|  |

**Former Position**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Supervisor’s Name |  |
| Business Address |  | Supervisor’s Phone Number |  |
| Full Time or Part Time |  | Date Started (Mo./Day/Year) |  |
| Regular, Contract, or Temp. |  | Date Ended (Mo./Day/Year) |  |
| Your Job/Working Title |  | Your Salary |  | # Hours per Week |  |
| Number of Employees You Supervise and Their Job Titles |  |
| Description of Job Duties **▼Start in space below▼** | Reason for Leaving |  |
|  |

**Former Position**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Supervisor’s Name |  |
| Business Address |  | Supervisor’s Phone Number |  |
| Full Time or Part Time |  | Date Started (Mo./Day/Year) |  |
| Regular, Contract, or Temp. |  | Date Ended (Mo./Day/Year) |  |
| Your Job/Working Title |  | Your Salary |  | # Hours per Week |  |
| Number of Employees You Supervise and Their Job Titles |  |
| Description of Job Duties **▼Start in space below▼** | Reason for Leaving |  |
|  |

**Former Position**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Supervisor’s Name |  |
| Business Address |  | Supervisor’s Phone Number |  |
| Full Time or Part Time |  | Date Started (Mo./Day/Year) |  |
| Regular, Contract, or Temp. |  | Date Ended (Mo./Day/Year) |  |
| Your Job/Working Title |  | Your Salary |  | # Hours per Week |  |
| Number of Employees You Supervise and Their Job Titles |  |
| Description of Job Duties **▼Start in space below▼** | Reason for Leaving |  |
|  |

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND 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 acting capacity with the Maryland Judiciary, or may result in my dismissal after my employment.

|  |  |
| --- | --- |
|  |  |
| **Original Signature or Typed Signature of Applicant**An original signature or typed signature (in any font) is an acknowledgement of the above statements. Your application will not be considered if this is left blank. | Date |