

*Shuttle-UM*  
University of Maryland's Student - Operated Transit System  
MAINTENANCE DEPARTMENT Student Application Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER # (If applicable): \_\_\_\_\_

UNIVERSITY ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CURRENT CLASS STANDING: FR SO JR SR

EXPECTED DATE OF GRADUATION: \_\_\_\_\_ CURRENT # OF CREDITS: \_\_\_\_\_

# OF CREDITS EXPECTED TO TAKE EACH SEMESTER: \_\_\_\_\_

APPLYING FOR:  
**MAINTENANCE ASSISTANT**  
**PARTS ASSISTANT**

IS YOUR CURRENT LICENSE FREE OF VIOLATIONS? YES NO

IF NO, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS IN THE PAST TWO (2) YEARS?

YES NO IF YES, BRIEFLY DESCRIBE THE ACCIDENT(S):

\_\_\_\_\_

LIST ANY ON-CAMPUS ACTIVITIES IN WHICH YOU ARE INVOLVED:

\_\_\_\_\_

\_\_\_\_\_

LIST ANY OFF-CAMPUS ACTIVITIES IN WHICH YOU ARE INVOLVED:

\_\_\_\_\_

\_\_\_\_\_

## Employment History

List all employers for the past three years, please include all relevant experiences.

1. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Duties  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Duties  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Duties  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please respond to the following questions*

1. What are your reasons for wanting to join the Maintenance Department?
2. What work experience, volunteer positions or classes have you had or are currently involved in that relate to this position?
3. What skills can you contribute to this position?
4. Discuss some of your strengths and weaknesses.

Please list three references and include telephone numbers. One reference may be from *Shuttle*-UM. No family references permitted.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CERTIFICATION**

I HEREBY CERTIFY THAT ALL STATEMENTS MADE CONCERNING THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. FALSE STATEMENTS ARE CAUSE FOR REJECTION OF APPLICATION, REMOVAL OF NAME FROM ELIGIBILITY LIST, OR DISMISSAL FROM EMPLOYMENT.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

**THE UNIVERSITY OF MARYLAND ACTIVELY SUBSCRIBES TO A POLICY OF EQUAL EDUCATION AND EMPLOYMENT OPPORTUNITY AND IS REQUIRED BY TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 NOT TO DISCRIMINATE ON THE BASIS OF SEX IN ADMISSION, TREATMENT OF STUDENTS, OR EMPLOYMENT.**