**Maryland Department of Health**

**CONTRACTUAL OR PART-TIME EMPLOYMENT APPLICATION AND CERTIFICATION**

**Part I: Employment Application (to be completed by job applicant)**

**Name:**  **Social Security #:**

**Home Address:**

**Name of Unit, Agency, Facility:**

**Services To Be Performed:**

**During the following days and hours:**

**A. Certification of Position’s Qualifications Requirements:**

I hereby certify that I **(check one)** am \_\_\_\_\_\_ am not \_\_\_\_\_\_ in possession of any required current license, registration, certificate, degree or other qualification requirement under State Law, or City Ordinances in connection with provision of the above services.

If a Physician, give name of specialty:

a. If eligible for Specialty Board Certification, attach proof.

b. If certified by Specialty Board, give date:

c. If neither “a” nor “b” above, is applicable, attach resume.

**B. Certification of Retirement Status:**

I certify that I am\_\_\_\_\_ am not \_\_\_\_\_\_ a retiree from the Maryland State Retirement Agency.

**C. Certification of Other or Secondary State Employment:**

I certify that I **(check one)** am \_\_\_\_\_\_ am not \_\_\_\_\_\_ presently on a payroll of the State of Maryland. If answered affirmatively, complete the information below and forward this form to the Employer listed below for completion of page 2. I understand that if a change in State Payroll status or work schedule occurs from that certified below, an amended certification must be filed.

**Employer: Name: Days/hours;**

**Check One:**

**\_\_\_\_\_\_ Regular Payroll**

**\_\_\_\_\_\_ Special Payments Payroll (Contractual)**

**\_\_\_\_\_\_ Payment by Transmittal (Consultant)**

**I certify that the information contained on this form is correct.**

**SIGNATURE OF APPLICANT: DATE:**

**MDH Form 1242-1 (Revised 3/18) – Page One**

**CONTRACTUAL OR PART-TIME EMPLOYMENT APPLICATION AND CERTIFICATION – PAGE 2**

**Part II: Certification (to be completed by the “Primary” or present appointing authority of an employee seeking “Secondary” employment).**

I certify that **(check one)** approve \_\_\_\_\_\_ disapprove \_\_\_\_\_\_ the employment of

(individual identified as the applicant in Part I above) to provide the indicated services during the specified days and hours, that no conflict of interest is apparent, and no conflict would exist nor work hours overlap with the employee’s presently assigned working hours and that these services will be performed on the employee’s own time, or that a schedule permitting such secondary employment not during the hours of primary employment which will be maintained in the files in the human resources office of the primary unit in accordance with the Code of Maryland Regulations 17.04.03.13A(2)© pertaining to Secondary Employment.

**Name and Title of Appointing Authority:**

**Name of “Primary” Appointing Authority Unit:**

**Signature of “Primary” Appointing Authority:**

**Date:**

**MDH Form 1242-1 (Revised 3/18) Page Two**