

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 Qualification 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 _____

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

I certify that I (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 personnel
office of the primary unit in accordance with the Department of Health and Mental Hygiene Policy #02.09.05.

Name and Title of Appointing Authority (TYPED) _____

Name of "Primary" Appointing Authority Unit (TYPED) _____

Signature of "Primary" Appointing Authority: _____

Date: _____