



MVA INTERVIEW PACKET

Maryland Department of Transportation
Motor Vehicle Administration (MVA)
Recruitment and Selection Unit
410-787-7719

Business Hours: 8:30AM to 4:30PM (Monday – Friday)

Thank you for choosing the MVA as your employer of choice. Below is pertinent information concerning the interview and selection process for this position.

ADA/EEO Accommodations: Reasonable accommodations for person with disabilities will be provided upon request.

Scheduling an Interview:

Please call the Interactive Voice Response (IVR) system at 410-768-7335 by the **DEADLINE DATE** indicated on your electronic interview notification in order to be scheduled for an interview date. You must have your Recruitment ID Number available when you call the IVR System. Once you have scheduled your interview, you must press “1” to confirm your appointment. Your interview appointment is not finalized until it is confirmed by the system.

Please Note: You will receive the next available appointment at the time of your call. You must call back at a later time prior to the deadline date if you are unable to make the appointment you have been provided.

Should the State of Maryland be on Liberal Leave or closed, the interviews will be cancelled, and you will be contacted with a rescheduled date/time.

Assessment:

An additional assessment may be administrator during your scheduled appointment. Please be prepared to answer a job related – basic skill assessment test.

Interview Process:

The interview is a critical factor in the selection process. The interview is conducted by a panel of approximately three (3) members. The interview process consists of a series of job-related questions to evaluate a candidate’s qualifications, experience, skills and knowledge in relation to the job order to choose the best suitable candidate. All candidates are asked the same questions. The interview process will last approximately thirty (30) minutes.

You must complete and bring the documents listed below on the day of the interview. (The MVA forms are included in this packet.) Failure to bring the requested documents, or to completely fill out the forms, may negatively impact your interview.

• Resume	• Personal Inquiry
• Authorization for Release of Information	• Candidate Contact Information

HELPFUL INTERVIEW TIPS

- **Arrive on Time:** Map the location. Candidates are advised to arrive approximately 15 minutes prior to the scheduled appointment time.
- **Dress Appropriately:** You should look the part. Dressing conservatively is advised. Make the best possible first impression.
- **Prepare in Advance:** Be prepared to discuss your qualifications as it relates to the position that you are interviewing for. You may want to practice providing possible responses with a friend.
- **STAR System:** A good strategy for responding to interview questions is STAR (situation, task, action, resolution). The idea is to demonstrate that you've successfully handled a variety of problems related to the position.
- **Relaxed Communication:** Talk about work place issues and goals that are important to you. Ask questions to assess whether the environment is a good fit for you.

After Interview:

Selected Candidate: Only the selected candidate will be contacted. The selected candidate will be contacted by phone approximately 3 – 4 weeks with a conditional job offer.

Non-Selected Candidate: Non-selected candidates will not be contacted. However, candidates that are certified to a list of eligible will continue to receive future interview notifications up to their expiration date.

Selection Process:

Prior to a conditional job offer being made, the selected candidate will complete the following steps in the selection process:

- State and Federal Criminal Background (fingerprint based)
- Reference Checks
- Employment Verifications
- Pre-Placement Medical Examinations (if applicable)

Again, thank you for your interest in the MVA and we wish you much success in your career endeavors.

The MVA is an equal opportunity employer.



Maryland Department of Transportation

Authorization for Release of Information

I (please print your name), _____, desire to obtain employment with the Maryland Department of Transportation (MDOT). By my signature below, I authorize MDOT to obtain and verify information contained in my application, resume and other job-related documents and to exchange information with personal and professional references with respect to my employment history and past performance.

I give my consent for full and complete disclosure of information about my background, job qualifications and credentials. This includes, but is not limited to, employment history, Social Security trace, academic records, professional license and certification checks, driving records, military records, criminal conviction records, and personal and/or professional references. If the position(s) for which I am applying requires a more thorough investigation as a condition of employment (for example, Federal security regulations), I agree to comply with and submit to all procedures and conditions as prescribed.

I understand obtaining the background check for criminal conviction records (FBI/national and state) will require my fingerprints being submitted to the FBI through the Maryland Criminal Justice Information System (CJIS). I also understand that a copy of my Maryland criminal record will be mailed directly to me from the CJIS. I also understand that if I wish to obtain a copy, change, correct, update and/or challenge my FBI record, that procedures to do so are set forth at Title 28, Code of Federal Regulations (CFR), Sections 16.30 through 16.34 or at the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

I understand MDOT may consider any information obtained as a factor in decisions it makes with respect to my eligibility for employment and understand the information shall be confidential and safeguarded for its intended purpose.

I further authorize MDOT to verify the information supplied on my behalf by other persons and release all persons, agencies, corporations and MDOT from all liabilities and any damages that may result in the furnishing of information.

I understand that failure to provide the following information and my signature on this authorization may result in my removal from consideration for the position(s). I am not, however, disqualified from applying for other MDOT positions.

I understand a photocopy or facsimile of my signed Authorization is valid as an original.

Signature

Date

CANDIDATE TO COMPLETE THE FOLLOWING:

Please **print** all information legibly.

First Name(s)	Middle Name(s) <small>(no initials)</small>	Last Name(s)
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Other Names or Nicknames Used

Social Security Number	Date of Birth
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Home Street Address	City, State, Postal Code
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Mailing Address	City, State, Postal Code
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Driver's License Number and State	Name as it Appears on License
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Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation?
 No Yes

If "yes," give details below: (date and location of occurrence, charge and disposition)

(Note: A conviction will not automatically disqualify you from being considered for employment. However, omissions or falsified information may disqualify you from being considered for employment.)

Contact Phone number(s): _____(home) _____(cell/other)

Contact email address:

Original to Human Resources
(Attach the *Request for Background Investigation* before submitting to the investigator.)

cc: Candidate
 Investigator

Candidate Contact Information

The Motor Vehicle Administration's goal on filling vacancies is a turnaround time of 30 – 45 days or better. Therefore, we would like to obtain the following information in an effort to meet our goal.

If I am considered for the position of _____

with the Motor Vehicle Administration, I can be reached in the following manners (please complete all information below):

Daytime Phone No.(s): _____ Cell Phone No.(s): _____

Home Phone No.(s): _____ Other Phone No.: _____

Work Phone No.(s): _____

E-Mail Address/Addresses: _____

I understand that if I cannot be reached by any of the above manners within 5 business days, it could impact my opportunity for the position above.

Please list all Other Names or Nicknames Used:

Print Name (1): _____ Print Name (3): _____

Print Name (2): _____ Print Name (4): _____

Please list all Other Addresses Used:

Address: _____

Address: _____

Address: _____

Address: _____

Address: _____

Print Current Name: _____

Current Address: _____

Signature

Date

PERSONAL INQUIRY AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

PLEASE PRINT OR TYPE			POSITION APPLYING FOR:						
NAME IN FULL		LAST	FIRST		MIDDLE	PREVIOUS			
ADDRESS	STREET ADDRESS			CITY	COUNTY	STATE ZIP CODE			
HOME PHONE			CELL PHONE		OTHER PHONE				
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY DATE AVAILABLE _____			WERE YOU EVER EMPLOYED BY THE MARYLAND DEPARTMENT OF TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNIVERSITY OF MARYLAND OR OTHER STATE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF AGENCY _____				
SCHOOL	CIRCLE HIGHEST GRADE COMPLETED				GRADUATED		NAME OF SCHOOL & ADDRESS	LAST YEAR ATTENDED	TYPE OF COURSE/DEGREE
GRAMMAR	1 5	2 6	3 7	4 8	<input type="checkbox"/>	<input type="checkbox"/>			
HIGH	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>			
COLLEGE	13	14	15	16	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER	SEM. HRS. COMP. _____				<input type="checkbox"/>	<input type="checkbox"/>			
If you did not graduate from High School, did you receive a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give name of state: _____ Date Received: _____ Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe any special training/skills you have pertaining to the job you are applying for: _____ List any machinery or office equipment which you can operate that may be helpful in the position for which you are applying: _____ Driver's License Number: _____ Class: _____ State: _____ If the position you are applying for requires a license, certificate, or other authorization to practice a trade or profession, complete the following section:									
TYPE AND/OR CLASS		LICENSE NUMBER			EXPIRATION DATE		GRANTED BY (BOARD OR COMMISSION)		STATE
Have you ever been convicted of the law (civilian or military) other than minor traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please list date, place, and disposition: _____ _____									

EMPLOYMENT HISTORY: List your last three employers, in reverse order, beginning with your present or most recent position.			
PRESENT OR MOST RECENT EMPLOYER		HOURS WORKED PER WEEK	
ADDRESS: (STREET, CITY, STATE AND ZIP CODE)		TELEPHONE NUMBER	
BEGINNING POSITION(S) HELD:		BEGINNING SALARY:	DATES EMPLOYED (MONTH/YEAR) (MM/YYYY)
		FROM:	TO:
ENDING POSITION(S) HELD:		ENDING SALARY:	TYPE OF BUSINESS
SUPERVISOR'S NAME (LAST, FIRST)		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE #
DESCRIBE YOUR DUTIES:			
NO. OF EMPLOYEES YOU SUPERVISED:	REASON FOR LEAVING:	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATED	EXPLAIN
		<input type="checkbox"/> LAYOFF <input type="checkbox"/> IF STILL EMPLOYED, WHY LEAVING?	
PRESENT OR MOST RECENT EMPLOYER		HOURS WORKED PER WEEK	
ADDRESS: (STREET, CITY, STATE, AND ZIP CODE)		TELEPHONE NUMBER	
BEGINNING POSITION(S) HELD:		BEGINNING SALARY:	DATES EMPLOYED (MONTH/YEAR) (MM/YYYY)
		FROM:	TO:
ENDING POSITION(S) HELD:		ENDING SALARY:	TYPE OF BUSINESS
SUPERVISOR'S NAME (LAST, FIRST)		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE #
DESCRIBE YOUR DUTIES:			
NO. OF EMPLOYEES YOU SUPERVISED:	REASON FOR LEAVING:	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATED	EXPLAIN
		<input type="checkbox"/> LAYOFF <input type="checkbox"/> IF STILL EMPLOYED, WHY LEAVING?	
PRESENT OR MOST RECENT EMPLOYER		HOURS WORKED PER WEEK	
ADDRESS: (STREET, CITY, STATE, AND ZIP CODE)		TELEPHONE NUMBER	
BEGINNING POSITION(S) HELD:		BEGINNING SALARY:	DATES EMPLOYED (MONTH/YEAR) (MM/YYYY)
		FROM:	TO:
ENDING POSITION(S) HELD:		ENDING SALARY:	TYPE OF BUSINESS
SUPERVISOR'S NAME (LAST, FIRST)		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE #
DESCRIBE YOUR DUTIES:			
NO. OF EMPLOYEES YOU SUPERVISED:	REASON FOR LEAVING:	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATED	EXPLAIN
		<input type="checkbox"/> LAYOFF <input type="checkbox"/> IF STILL EMPLOYED, WHY LEAVING?	



Apply to register to vote with your driver's license transaction. For details ask your customer agent.

PLEASE CONTACT ME PRIOR TO CONTACTING MY PRESENT EMPLOYER? YES NO _____ please initial

HAVE YOU HELD OTHER POSITIONS, WHICH ARE PERTINENT? YES NO

IF YES, LIST ON A SEPARATE SHEET OF PAPER 8.5 x 11

DO YOU CURRENTLY HAVE A RELATIVE THAT WORKS FOR THE MVA? YES NO

IF YES, WHAT OFFICE/BRANCH ARE THEY EMPLOYED? _____

VETERAN STATUS – PLEASE CHECK BELOW:

I AM A VETERAN I AM A DISABLED VETERAN I AM A SPOUSE OF A DISABLED VETERAN I AM NOT A VETERAN

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. THIS PROVISION DOES NOT APPLY TO APPLICANTS FOR LAW ENFORCEMENT POSITIONS PURSUANT TO LABOR AND EMPLOYMENT ARTICLE, SECTION 3-702 (b) ANNOTATED CODE OF MARYLAND.

I certify that all information contained on this application is true and complete. I authorize the Motor Vehicle Administration to contact all sources and/or conduct a thorough background investigation, as necessary, to verify the information contained on this application. I am aware that should investigation at any time disclose any misrepresentations or falsification, I will not be certified for employment, or if already employed, it shall be considered sufficient cause for dismissal. I understand my employment is conditional until results of any employment physical examination are known. I further affirm that this application contains no willful misrepresentations or falsifications and that this information provided by me is true and complete to the best of my knowledge and belief.

DATE: _____ SIGNATURE: _____



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