Additional Employment Questionnaire

In addition your new position at UMGC, are you actively employed with any of the following entities?

☐Yes. **Complete** Part I and Part II of this form and turn in with your hiring packet.
☐No. **Do not complete** form

State of Maryland and Other Entities

The State of Maryland (any agency, including the Maryland Department of Transportation)
Maryland Automobile Insurance Fund
Maryland Environmental Services
Northeastern Maryland Waste Disposal Authority

Higher-Educational Organizations

Baltimore City Community College
Bowie State University
Coppin State University
Frostburg State University
Maryland School for the Deaf/Columbia
Maryland School for the Deaf/Frederick
Morgan State University
Salisbury University
St. Mary's College of Maryland
Towson University
University of Baltimore
University of Maryland-Baltimore
University of Maryland-Baltimore County
University of Maryland-Center for Environmental Science
University of Maryland-College Park
University of Maryland-Eastern Shore
University of Maryland Global Campus
University System of Maryland

Part I: University of Maryland Global Campus employment information

Employee Name:

Social Security #: XXX-XX- Hire Date:

Job title: Enter UMGC ID# (if known)

Paid: ☐ Hourly, ☐Salaried, ☐ Other (please specify)

Average Hours/Week: ☐ <10, ☐ 10-20, ☐20-30, ☐ 30-40

Name of Supervisor:

Supervisor phone number or email

Part II: Additional employment information

I am currently employed with

Hire Date:

Job Title:

Department:

Paid: ☐ Hourly, ☐Salaried, ☐ Other (please specify)

Average Hours/Week: ☐ <10, ☐ 10-20, ☐20-30, ☐ 30-40, ☐40+

Name of Supervisor:

Supervisor phone number or email

Are you already eligible to receive subsidized health care benefits with this institution/agency?

Name of Employee Completing Form:

Signed: Date