## COUNTY OF LINCOLN POB 249 WISCASSET, MAINE 04578 207-882-6311

## **APPLICATION FOR EMPLOYMENT**

NOTE: Applicants are considered for all positions without regard to race, color, sex, physical or mental disability, genetic pre-disposition, sexual orientation, religion, age, ancestry or national origin. Please type or print all information requested. An application not properly filled out may be rejected or returned for correction. A resume may be attached to this Application but the Application should be completed as well.

|                                   | Date of Application |             |          |              |          |            |                     |
|-----------------------------------|---------------------|-------------|----------|--------------|----------|------------|---------------------|
| Position(s) Appl                  | ied for             |             |          |              |          |            |                     |
| Referral Source:                  | Advertise           | ment        | Friend   | Relative     | Agen     | .cyO       | ther                |
| Name:                             |                     | ti i        |          |              | 2        |            |                     |
| Last                              | į                   |             | First    |              |          | Mido       | dle                 |
| Current Address                   | •                   |             |          | 14.          |          |            |                     |
|                                   | Number              | Street      | POB      | City/        | Γown     | State      | Zip                 |
| Telephone:                        | Social Security #   |             |          |              |          |            |                     |
| If the above is a number          |                     |             |          |              | nt addre | ss and tel | ephone              |
|                                   | (s) and posit       | ion(s) app  | lied for |              |          |            |                     |
| Have you ever b If yes, give date |                     | ed by Linc  | oln Coun |              |          |            |                     |
| Are you employ employer? Yes_     |                     |             | No       | _ If yes, ma | ny we co | ntact you  | r present           |
| Are you on a lay                  | off and sub         | ject to rec | all? Yes | No           |          |            |                     |
| Are you a citizen                 |                     | ted States? | Yes      | No           | I:       | f Natural  | ized, give date and |

| Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? Yes No (Proof of citizenship or immigration status will be required upon employment) |
|--|
| Are you available to work: Full-TimePart-TimeShiftTemporary  |
| Can you operate a computer? Yes No Are your skills basic or advanced? (Circle whichever applies)   |
| Are you willing to travel and/or to work overtime if the job requires it? YesNo  |
| Do you have a valid Maine Driver's License? YesNo<br>License#Class   |
| Have you been convicted of any motor vehicle violations other than parking tickets in the last five years? Yes No If Yes, provide details  |
| Have you ever been convicted of a crime in this state or any other? YesNo If Yes, provide details  |
| Name, Address and Telephone Number of person to be notified in case of an emergency  |
| Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No  |
| List any professional, trade, business or civic activities and offices you have held:  |
| List name, address and telephone number(s) of three (3) references who are not related to you and who are not former employers.  |
|  |
| Are you a veteran of the U.S. Military Service? YesNo If Yes, list Branch of Service, highest rank attained and type of discharge.   |
|  |

## EMPLOYMENT EXPERIENCE

Starting with your present or most recent job, list your employment experience. Include military service time and volunteer activities.

| 1. EMPLOYER                 |  | FROM   |
|-----------------------------|--|--|
| TO                          |  |  |
| ADDRESS & TELEPHONE NUMBER_ |  |  |
| JOB TITLE                   | SUPERVISOR   |  |
| DUTIES                      |  |  |
| REASON FOR LEAVING          |  |  |
| 2. EMPLOYER                 |  | FROM   |
| 1()                         |  |  |
| ADDRESS & TELEPHONE NUMBER_ |  |  |
| JOB TITLE                   | SUPERVISOR   |  |
| DUTIESREASON FOR LEAVING    | TO THE WILLIAM STATE OF THE STA |  |
| REASON FOR LEAVING          |  |  |
|                             |  |  |
| 3. EMPLOYER                 | 3.   | FROM   |
| TO                          |  |  |
| ADDRESS & TELEPHONE NUMBER_ |  |  |
| JOB TITLE DUTIES            | SUPERVISOR   |  |
| DUTIES                      |  |  |
| REASON FOR LEAVING          |  | The state of the s |
|                             |  |  |
| 4. EMPLOYER                 |  | FROM   |
| TO                          |  |  |
| ADDRESS & TELEPHONE NUMBER_ |  |  |
| JOB TITLE                   | _SUPERVISOR  |  |
| DUTIES                      |  |  |
| REASON FOR LEAVING          | 9 - 4  |  |

## SPECIAL SKILLS & QUALIFICATIONS

| Summarize any special skills and qualifications acquired from prior employment, training or other life experience(s) that you would like to mention that may provide additional information as to your qualifications for the position(s) for which you are applying.   |   |  |  |  |  |
|---|---|--|--|--|--|
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| EDUCATIONAL BACK  | KGROUND   |  |  |  |  |
| Elementary School   | Years Completed   |  |  |  |  |
| High School   | Years Completed   |  |  |  |  |
| Did you graduate from High School   |   |  |  |  |  |
| College/University  | Years Completed   |  |  |  |  |
| College/University Degree(s)  Graduate/Professional Degree(s)   |   |  |  |  |  |
| Graduate/Professional Degree(s)   |   |  |  |  |  |
| ACKNOWLEDGEMENT & A   | <u>UTHORIZATION</u>   |  |  |  |  |
| I hereby certify that all answers given herein are true are I authorize investigation of all statements contained in attachments, including a criminal records check, as may decision and I waive any rights I may have under the Festate or federal law for this purpose. I understand that is any false or misleading information given in this Application being discharged. | this Application for Employment and any<br>y be necessary to arrive at an employment<br>ederal Privacy Act or any other relevant<br>in the event of employment by the County, |  |  |  |  |
| I hereby authorize my former employer(s) to furnish Li<br>employees, any relevant information concerning my en<br>limited to, information concerning my work habits, per<br>promotions, demotions and my reason for leaving. By<br>former employer(s) and their agents and/or employees<br>any kind whatsoever arising out of their compliance wi                               | iployment history including, but not formance, attendance, discipline, making this request, I hereby release my from any and all claims and liabilities of                    |  |  |  |  |
|   |   |  |  |  |  |
| Signature of Applicant  |   |  |  |  |  |
|   |   |  |  |  |  |
| Date of Application   |   |  |  |  |  |
|   |   |  |  |  |  |

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