



# Androscoggin County - Application

Commissioners' Office, 2 Turner Street, Auburn, ME 04210 (207) 753-2526

Androscoggin County provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination.

Please print clearly in ink or type. Answer every question completely. Applications may be mailed or delivered to the above address, or emailed to [sberube@androscoggincountymaine.gov](mailto:sberube@androscoggincountymaine.gov). Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Name:

Last

First

Middle

Mailing address:

Street

Town/City

State

Zip Code

Physical address:

Street

Town/City

State

Zip Code

In case of emergency, notify:

Name/Relationship

Telephone

Phone #:

Primary Phone

Alternate Phone

Email Address: \_\_\_\_\_

Are you over 18 years of age?  Yes  No

List any other names you have used: \_\_\_\_\_

Do you have any relatives who are currently employed by Androscoggin County?  Yes  No

Have you ever been employed with us before?  Yes  No If yes, what department? \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

When would you be available for employment? \_\_\_\_\_

Are you able to perform the job functions of the position you are applying for? (Please read the job description fully before answering)  Yes  No

If no, list only the accommodation(s) needed: \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No If yes, issuing state: \_\_\_\_\_

License #:

Number

Expiration Date

If your answer is yes to either of the next two questions, please explain fully.

Have you ever been convicted of a felony?  Yes  No

Would you object to a physical examination?  Yes  No

**Education**

Did you graduate from high school?  Yes  No If no, have you passed a G.E.D.?  Yes  No

College/University:

\_\_\_\_\_  
Name Location Years Completed Major Area of Study

College/University:

\_\_\_\_\_  
Name Location Years Completed Major Area of Study

Graduate School:

\_\_\_\_\_  
Name Location Years Completed Major Area of Study

Other (Specify):

\_\_\_\_\_

**Experience: Start with most recent employer. Please explain any gaps in work history. Do not use "See Resume"**

**Employer #1:**

\_\_\_\_\_  
Name Street City State Zip Code

Employment Date & Salary:

\_\_\_\_\_  
Starting Date Ending Date Salary: Hourly / Annually

Supervisor:

\_\_\_\_\_  
Name Title Phone

Description of Duties:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

**Employer #2:**

\_\_\_\_\_  
Name Street City State Zipcode

Employment Date & Salary:

\_\_\_\_\_  
Starting Date Ending Date Salary Hourly - Annually

Supervisor:

\_\_\_\_\_  
Name Title Phone

Description of Duties:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

**Employer #3:**

\_\_\_\_\_  
Name Street City State Zipcode

Employment Date & Salary:

\_\_\_\_\_  
Starting Date Ending Date Salary Hourly - Annually

Supervisor:

\_\_\_\_\_  
Name Title Phone

Description of Duties:

\_\_\_\_\_

Reason for Leaving:

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**Employer #4:**

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Name	Street	City	State	Zipcode
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Employment Date & Salary:

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Starting Date	Ending Date	Salary	Hourly - Annually
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Supervisor:

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Name	Title	Phone
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Description of Duties:

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Reason for Leaving:

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**Personal References (Not Former Employers or Relatives)**

Reference:

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Name	Occupation	Phone
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Reference:

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Name	Occupation	Phone
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Reference:

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Name	Occupation	Phone
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**Job Application, Agreement and Certification**

I certify that the information given by me in this application and accompanying resume (if any) is true in all respects to the best of my knowledge. I realize that any false statements or omissions of material facts shall be considered sufficient cause for immediate dismissal without notice if/when discovered.

I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references, and any other person to answer all questions concerning my ability, character, reputation and previous employment records. I release all such persons from any liability or damages as a result of having furnished such information.

I agree and understand that the County of Androscoggin or it's agent may obtain any transcripts, records and documents necessary to investigate my background to ascertain any and all information concerning my record, whether same is of record or not, and I release Androscoggin County and its agents from all liability for any damages as a result of obtaining or furnishing of such information.

I agree that this application for employment in no way obligates the County of Androscoggin to hire me.

I agree that if hired, I will be required to serve a probationary period as specified in the County of Androscoggin's Personnel Policy.

In making this application, I also understand that an investigative report may be made as to my character, reputation, ability, and credit record.

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Signature

Date