



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 address above or emailed to sberube@androscoggincountymaine.gov. Date: _____

Position applied for: _____

Name:

Last

First

Middle Initial

Mailing Address:

Street

Town/City

State

Zip Code

Physical Address:

Street

Town/City

State

Zip Code

Phone:

Primary Phone

Alternate Phone

Email address: _____

In case of emergency, notify:

Name/Relationship

Phone

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

Driver's License #:

Number

Expiration Date

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

1. Have you ever been convicted of a felony? Yes No

2. Would you object to a physical examination? Yes No

Education

Did you graduate from high school? Yes No

Did you graduate from College? Yes No

College/University:

Name

Location

Years Completed

Major Area of Study

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

Job Title:

Description of Duties:

Employment Dates:

Starting Date

Ending Date

Reason for leaving:

Supervisor:

Name

Title

Phone

Employer #2:

Name

Street

City

State

Zip code

Job Title:

Description of Duties:

Employment Dates:

Starting Date

Ending Date

Reason for leaving:

Supervisor:

Name

Title

Phone

Employer #3:

Name

Street

City

State

Zip code

Job Title:

Description of Duties:

Employment Dates:

Starting Date

Ending Date

Reason for leaving:

Supervisor:

Name

Title

Phone

Employer #4:

Name

Street

City

State

Zip code

Job Title:

Description of Duties:

Employment Dates:

Starting Date

Ending Date

Reason for leaving:

Supervisor:

Name

Title

Phone

Personal References (Not Former Employers or Relatives)

Reference:

Name

Occupation

Phone

Reference:

Name

Occupation

Phone

Reference:

Name

Occupation

Phone

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.

I understand and agree that if submitting this Application for Employment electronically, I agree my electronic signature is the legal equivalent of my manual signature on this Agreement, and I consent to all of the above stated certifications, authorizations and agreements.

Signature

Date