



COUNTY OF ANDROSCOGGIN

Job Application, Agreement and Certification

The County of Androscoggin is an equal opportunity/Affirmative Action employer and will not discriminate in any of its practices on the basis of race, color, creed, sex, marital status, physical or mental handicap, age, ancestry or national origin unless based upon a bona fide occupational qualification.

*Enter your information in the fields, use mouse click or enter for check boxes.
You may attach your Resume or other documents.*

Personal

Date: _____ Position Desired: _____

Name: _____
Last First Middle

Address: _____
No. Street City-Town State Zip

How long have you lived at the above address? _____

Are you a U.S. Citizen? Yes No Telephone No. _____

In case of emergency, notify: _____
Name / Relationship Telephone No.

No. Street City State Zip

If your answer is "Yes" to either of the following two questions, please explain fully on a separate sheet:

Have you ever been convicted of a felony? Yes No

Would you object to a physical examination? Yes No

Do you possess a valid State of Maine driver's license? Yes No

If Yes, give drivers license number: _____

Have you ever been employed by the County of Androscoggin? Yes No

If yes, state what department: _____ When? _____

Your email address: _____

Military Service Record

Were you in the Armed Forces? Yes No If yes, what branch? _____

Date of Service: From: _____ To: _____ Rank at Discharge: _____

List duties in the service including special training: _____

Education & Training

School:	Name & Location	Course Of Study	Circle Last Year Completed	Did You Graduate?
Elementary			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Work Experience

Company Name & Location Start with most recent employer	Description Of Duties	Supervisor's Name	Dates	Salary	Reason for Leaving

List here any other experience you may possess which you think is applicable to this position (such as typing, shorthand, equipment you can operate, foreign languages, hobbies, etc.)

Personal References (Not former employers or relatives)

Name & Occupation:	Address:	Phone No.:
1.		
2.		
3.		

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(Please read carefully before signing)

I certify that the information given by me in this application (and by 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 and 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 County of Androscoggin and it's 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 County of Androscoggin to employ me.

I agree that if hired, I may be required to serve a probationary period as specified in County of Androscoggin's personnel policies.

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 that my typed name in the Signature line shall represent my E-Signature equal to my in hand, and I consent to all of the above stated certifications, authorizations and agreements.

Applicant's Printed Name:

Applicant's Signature or E-Signature: _____ *Date* _____

You may submit your application by:

Fax (207) 782-5367

Email: sberube@androscoggincountymaine.gov

US Mail or in person:

Att: Sandy Berube
County Commissioners Office
2 Turner Street, Unit 2
Auburn, ME 04210