

COUNTY OF ANDROSCOGGIN



Job Applicant's Agreement and Certification

(To be read and signed by applicant)

I certify that the information given by me in this application (and accompanying resume if any) is true in all respects, and I agree that if employed and it is found to be false in any way, I may be subject to 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 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.

Date

Applicant's *Printed* Name _____

Applicant's Signature _____

This agreement to be provided with application for employment

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 <small>Start with most recent employer</small>	Description of Duties	Supervisor's Name	Dates	Salary	Reason for Leaving
			From: To:		
			From: To:		
			From: To:		

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.		

CERTIFICATE OF APPLICANT: (Please read carefully before signing)

I hereby certify that all answers given in this application are true to the best of my knowledge. If employed, I realize that any false statements or omissions of material facts shall be considered sufficient cause for immediate dismissal.

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

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S COMMENTS:

Signed By: _____ Date: _____

