



County of Penobscot

97 Hammond Street
Bangor, ME 04401

Office: (207) 942-0257

Fax: (207) 942-0336

For Human Relations Completion:

POSITION APPLIED FOR: _____ DATE RECEIVED: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Employment Agency

Were you referred by a Penobscot County Employee? _____ Yes _____ No If yes, who? _____

Personal Information

Last Name	First Name	Middle Name	Today's Date:
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Street Address	City	State	Zip Code	Are you a United States Citizen or legally eligible to work in the U.S.? _____ Yes _____ No (if hired you will be required to provide documentation that you are eligible to work in the U.S.)
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Home Phone: () -	
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Cell Phone: () -	
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E-Mail: _____

Are you **18** or over? _____ Yes _____ No

Title of Position Applying For:	Date Available to Work
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Have you been previously interviewed or employed by the County of Penobscot? _____ Yes _____ No
If Yes, list date(s) and job title(s): _____

Do you have any relatives currently working for the County of Penobscot?: _____ Yes _____ No
If Yes, list names and relationship to you: _____

Are you employed now? _____ Yes _____ No If so, may be contact your present employer? _____ Yes _____ No

You are available for (check all that apply)? _____ Full-Time _____ Part-Time _____ Temporary _____ Saturdays _____ Sundays _____ Holidays

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of any felony or misdemeanor (other than a minor traffic violation)? *NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.* _____ Yes _____ No
If Yes, please explain: _____

Have you ever had a civil judgment entered against you for fraud or for converting or misappropriating the property of another? _____ Yes _____ No

Have you ever been denied unemployment benefits due to misconduct? _____ Yes _____ No
Are you a Veteran of the U.S. Military Service? _____ Yes _____ No If Yes, Branch _____ Years of Service _____

(Attach Copy of DD214)
Are you able to perform the duties of this job with or without a reasonable accommodation? _____ Yes _____ No
If you need an accommodation, please explain: _____

Employment History		Start with your present or last job, and LIST ALL EMPLOYERS DURING THE PAST TEN YEARS. Do not omit any employer or requested information within this period.
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Supervisor/Contact:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Supervisor/Contact:		
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Address:		
Telephone:	Job Duties:	
Supervisor/Contact:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper or a copy of this page.

Initial _____

Date _____

Education				
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

References <small>Please list names of three supervisors, managers, or others who can comment directly on your abilities:</small>				
Name	Address	Phone #	Relationship/Occupation	Years Known

List names of personal references who are not related to you and are not previous employers:

Name	Address	Phone #	Years Known

Name	Address	Phone #	Years Known

Name	Address	Phone #	Years Known

Please indicate whether you hold the following valid driver's licenses: Class A _____ Class B _____ Class C _____
 Driver's License Number: _____ State Issued: _____

Describe your qualifications for the type of employment you are seeking **(Please include skills, special training, specific certifications, etc.):**

Please list any special awards, honors, scholarships, business or civic activities or offices held:

Applicant Statement

I hereby certify that all of the information I have provided in the above employment application is true, complete and correct to the best of my knowledge. I certify that all the facts contained in my application package are true and complete and to the best of my knowledge and understand that, if employed, falsified statements may be grounds for dismissal.

Signature of Applicant: _____ Date: _____

Initial _____ Date _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veteran Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended which requires government contractors to take affirmative action to employ and advance in employment, qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please check below:

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signature of Applicant

Date