



County of York

45 Kennebunk Rd
Alfred, ME 04002

Office: 207-459-2500

Fax: 207-324-9494

POSITION APPLIED FOR: _____

Date Received _____

Personal Information

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

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

Are you employed now? ____ Yes ____ No If so, may we contact your present employer? ____ Yes ____ No

Are you available to work ____ Full-Time ____ Part-Time ____ Temporary

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

Have you been convicted of a crime within the last 7 years? ____ Yes ____ No
If yes, please explain _____

Are you a Veteran of the U.S. Military Service ____ Yes ____ No If yes, Branch _____

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: _____

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

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary.)		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

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.

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

You may list the name of (1) personal reference:

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: _____

<p>Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.</p> <p>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.</p> <p>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 a confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.</p> <p>If you wish to be identified, please sign below: _____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran</p>
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The County of York is an Equal Opportunity Employer. It is the policy of the County of York not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date