

KENNEBEC COUNTY EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

Terry York, Human Resources Manager
 125 State Street
 Augusta, ME 4330

Resumes may be attached, but will not be accepted in lieu of a completed application

Job Data			
Job Title :		Date you will be available for employment:	
Personal Data			
Name: Last:		First:	Middle:
Address:			
City:		State:	Zip:
Phone #:	Days:	Evenings:	Cell Phone:
E-mail address:			
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No			
Date of birth:			
Have you ever worked for the County?		Yes	No
If yes, please give dates:			
Do you have any relatives employed with the County		Yes	No
If yes, please list:			
Name	Department	Relationship	
Name	Department	Relationship	
Name	Department	Relationship	
Driver's License No. & State:		Class:	Expiration:
Please list other names you have used:			
Have you ever been arrested or convicted of any crime?		Yes	No
If yes, please give details including dates, charges and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.			

Employment History <i>Note: Complete this application in its entirety, incomplete applications will not be accepted.</i>		
<i>Resumes may be attached, but will not be accepted in lieu of a completed application.</i>		
Employer:		Phone:
Address:		
Your Title:		
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending:	Hours per week:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position?	Yes	No
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Employer:	Phone:
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Address:

Your Title:

Employment Dates	From:	To:
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Supervisor's name/title:

Starting Salary:	Ending:	Hours per week:
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Work Performed:

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Starting Salary:	Ending:	Hours per week:
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Work Performed:		
Reason for leaving:		
May we contact this employer if you are considered for the position? Yes No		
Employer:		Phone:
Address:		
Your Title:		
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending:	Hours per week:
Work Performed:		
Reason for leaving:		
May we contact this employer if you are considered for the position? Yes No		

Education			
Did you graduate from High School or do you have a G.E.D. Yes No			
High School Name:		Location:	
Name of School, College(s) or University	Major	Credit Hours	Degree*
*Proof of degrees from College/University obtained will be required upon hire.			

Name of Trade/Technical/Business or Other School(s) Attended	Course of Study	Diploma

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

List computer software with which you are familiar:

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Tools and machines you can use and operate:

Summarize Volunteer Services work including dates:

Summarize Leadership Roles:

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