

COUNTY OF LINCOLN
POB 249
WISCASSET, MAINE 04578
207-882-6311

APPLICATION FOR EMPLOYMENT

NOTE: Applicants are considered for all positions without regard to race, color, sex, physical or mental disability, genetic pre-disposition, sexual orientation, religion, age, ancestry or national origin. Please type or print all information requested. An application not properly filled out may be rejected or returned for correction. A resume may be attached to this Application but the Application should be completed as well.

Date of Application _____

Position(s) Applied for _____

Referral Source: Advertisement ___ Friend ___ Relative ___ Agency ___ Other ___

Name: _____
Last First Middle

Current Address: _____
Number Street POB City/Town State Zip

Telephone: _____ Social Security # _____

If the above is a temporary address, please list your permanent address and telephone number _____

Have you filed an Application with Lincoln County before? Yes ___ No ___
If yes, give date(s) and position(s) applied for. _____

Have you ever been employed by Lincoln County before? Yes ___ No ___
If yes, give date(s) and reason for leaving. _____

Are you employed now? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

Are you on a lay-off and subject to recall? Yes ___ No ___

Are you a citizen of the United States? Yes ___ No ___ If Naturalized, give date and place of Naturalization _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? Yes ___ No ___ (Proof of citizenship or immigration status will be required upon employment)

Are you available to work: Full-Time ___ Part-Time ___ Shift ___ Temporary ___

Can you operate a computer? Yes ___ No ___. Are your skills basic or advanced? (Circle whichever applies)

Are you willing to travel and/or to work overtime if the job requires it? Yes ___ No ___

Do you have a valid Maine Driver's License? Yes ___ No ___
License# _____ Class _____

Have you been convicted of any motor vehicle violations other than parking tickets in the last five years? Yes ___ No ___ If Yes, provide details. _____

Have you ever been convicted of a crime in this state or any other? Yes ___ No ___
If Yes, provide details _____

Name, Address and Telephone Number of person to be notified in case of an emergency _____

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes ___ No ___

List any professional, trade, business or civic activities and offices you have held:

List name, address and telephone number(s) of three (3) references who are not related to you and who are not former employers.

Are you a veteran of the U.S. Military Service? Yes ___ No ___ If Yes, list Branch of Service, highest rank attained and type of discharge.

