



LINCOLN COUNTY, MAINE



Application for Employment

Please forward all applications to: Lincoln County Administration
 P.O. Box 249
 Wiscasset, ME 04578
 Fax 207-882-4320
 Email to careers@lincounty.me
 Include a resume and cover letter

For Additional Information: 207-882-6311

Name _____

Last

First

M.I.

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Cell Phone # _____

E-mail Address _____

Position Applied For (separate application required for each position posted):

Education

Schools	Name/Location	Circle Last Yr Completed	Major Courses	Diploma/Degree/Certification
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		# of Months Attended		
Other Licenses or Certifications		Length of Program		

Employment History

Please list your complete history – **most recent first**. Use additional pages if necessary.

Employer Name and Address	Employed (mo/yr) From: To:	___ Full Time ___ Part Time ___ Other	Reason for leaving
Job Title:		Name of Supervisor and contact information:	
Type of Work Performed:			
Employer Name and Address	Employed (mo/yr) From: To:	___ Full Time ___ Part Time ___ Other	Reason for leaving
Job Title:		Name of Supervisor and contact information:	
Type of Work Performed:			
Employer Name and Address	Employed (mo/yr) From: To:	___ Full Time ___ Part Time ___ Other	Reason for leaving
Job Title:		Name of Supervisor and contact information:	
Type of Work Performed:			

If you served in the United States Armed Forces, briefly list the dates, rank, and skills acquired:

Personal Information

Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation? Yes No

Are you legally authorized to work in the U.S? Yes No

Are you at least 18 years of age? Yes No

Have you filed an application with Lincoln County before? No Yes (position & date)_____

Have you ever been employed by Lincoln County before?
 No Yes (dates & reason for leaving)_____

Do you have any personal or professional relationship with any current Lincoln County employee(s)?
 No Yes (please include name)_____

Special Skills:

Office/Software: _____

Equipment: _____

Any other skills: _____

If hired, when would you be available? _____

Are you available to work full-time or part-time? _____

What are your salary requirements? _____

How did you learn about this vacancy? _____

References

Name	How s/he knows you	E-mail Address	Phone Number

Are you presently employed? ___ Yes ___ No
 If so, may we contact your present employer? ___ Yes ___ No

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the County shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required.

A criminal background check is performed on all applicants who receive an offer of employment. I understand that I will be asked to disclose any criminal convictions or pending charges to determine my eligibility for employment.

I also voluntarily and knowingly authorize the organizations, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be true.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. If I am hired, I understand that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of my employer or me, unless prohibited under written contract.

Signature: _____ Date: _____