

KENNEBEC COUNTY



EMPLOYMENT APPLICATION

Kennebec County is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

1. **A certified copy of high school diploma or G.E.D.**
2. **A copy of college degree (If Applicable)**
3. **A copy of military discharge (DD Form 214 - Long Form) (If Applicable)**

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

TYPE OF EMPLOYMENT

(SELECT ONE)

FULL-TIME

PART-TIME

Position Applying For: _____

How Did You Learn About Us?

Advertisement

Friend

Walk-In

Newspaper

Radio

Relative

Job Fair

Other _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. You must provide an answer to every question.

If the question does not apply to you, indicate so with "N/A". **All questions must be answered.**

Applications which are not complete will not be considered.

If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number your answers to correspond with the related questions.

Do not misstate or omit material facts. Your statements are subject to verification and any attempt to deceive, falsify information, or to omit pertinent information will be cause for your immediate elimination from the process.

PERSONAL INFORMATION

THE INFORMATION CONTAINED HEREIN IS NECESSARY TO CONDUCT THE BACKGROUND INVESTIGATION AND MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION.

1. PERSONAL IDENTIFICATION:

LAST NAME FIRST MIDDLE

LIST OTHER NAMES YOU HAVE USED (ALIASES) (IF APPLICABLE)

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXP. DATE _____

HAVE YOU EVER WORKED FOR THE COUNTY? YES NO IF YES, PLEASE PROVIDE DATES:

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2. CURRENT ADDRESS:

PHYSICAL HOME ADDRESS

CITY COUNTY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

3. CONTACT INFO:

() - () - () -
TELEPHONE NUMBER CELL PHONE OTHER

EMAIL ADDRESS

EDUCATION/TRAINING

1. High School Education:

High School Name/Address	Years Completed	Did You Graduate?	Type of Diploma

2. Post High School Education:

College/University Name/Address	Credit Hours Earned		Did you Graduate?	Type of Degree
	Qtr.	Sem.		

SKILLS

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: _____

EMPLOYMENT HISTORY

Name & Address of Employer	Dates Worked Mo./Yr.		Title or Position	Name of Supervisor	Reason for Leaving
	From	To			
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					

PERSONAL REFERENCES

Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home address: City, State, Zip: Home Phone: Business Address: City, State, Zip: Business Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home address: City, State, Zip: Home Phone: Business Address: City, State, Zip: Business Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home address: City, State, Zip: Home Phone: Business Address: City, State, Zip: Business Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	

By signing this application, I certify that the information contained within is true and accurate to the best of my ability and understand that any falsifications or omissions may disqualify me from the employment process or result in my termination if hired.

Printed full name

Signature of the applicant as usually written

Date