



County of Penobscot

97 Hammond Street

Bangor, ME 04401

Office: (207) 942-8535

Fax: (207) 945-6027

POSITION APPLIED FOR: _____ DATE RECEIVED: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Employment Agency

Were you referred by a Penobscot County Employee? _____ Yes _____ No If yes, who? _____

Personal Information				
Last Name	First Name	Middle Name	Today's Date:	
Street Address	City	State	Zip Code	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>
Home Phone: ()	-			
Cell Phone: ()	-			
E-Mail:				
Are you 18 or over? _____ Yes _____ No				
Title of Position Applying For				Date Available to Work
Have you been previously interviewed or employed by the County of Penobscot? _____ Yes _____ No If Yes, list date(s) and job title(s):				
Do you have any relatives currently working for the County of Penobscot?: _____ Yes _____ No If Yes, list names and relationship to you:				
Are you employed now? _____ Yes _____ No If so, may be contact your present employer? _____ Yes _____ No				
You are available for (check all that apply)? _____ Full-Time _____ Part-Time _____ Temporary _____ Saturdays _____ Sundays _____ Holidays				
Can you travel if a job requires it? _____ Yes _____ No				
Have you ever had a civil judgment entered against you for fraud or for converting or misappropriating the property of another? _____ Yes _____ No				
Have you ever been denied unemployment benefits due to misconduct? _____ Yes _____ No				
Are you a Veteran of the U.S. Military Service? _____ Yes _____ No If Yes, Branch _____ Years of Service _____				
(Attach Copy of DD214)				
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: _____ _____				

Initial _____

Date _____

Education

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

References

Please list names of three supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Years Known

List names of personal references who are not related to you and are not previous employers:

Name Address Phone # Years Known

Name Address Phone # Years Known

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: _____

Initial _____

Date _____

11/2021

Employment History		Start with your present or last job, and LIST ALL EMPLOYERS DURING THE PAST TEN YEARS. Do not omit any employer or requested information within this period.
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Supervisor/Contact:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Supervisor/Contact:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Supervisor/Contact:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper or a copy of this page.

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:

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

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.

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 as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran

The County of Penobscot is an Equal Opportunity Employer. It is the policy of the County of Penobscot 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 may 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.

******* INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*******

Signature of Applicant

Date



Initial _____

Date _____

11/2021