



354 Hogan Road  
Bangor, ME 04401  
207-974-4600  
www.emcc.edu

# EMPLOYMENT APPLICATION

*Please print all information.*

MAINE COMMUNITY COLLEGE SYSTEM

Today's Date:

## PERSONAL

Name:		<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Other Name(s) Used for Employment</i>
Address:				Phone: Home ( )	
City, State, Zip:				Phone: Work ( )	
Previous Maine Community College System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				Position Desired:	
If Yes, When?		Department:		Availability — Date:	
Type of work you are seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				Weekend/Shift Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Part-Time, days & hours available:					

## REFERRAL SOURCE

- Advertisement   
  Agency   
  Friend   
  Relative  
 Walk-in   
  Internal Posting   
  Other

## WORK ELIGIBILITY

- Do you have the legal right to work in the United States?  Yes  No  
 Can you verify your legal right to work in the United States by providing a birth certificate, proof of citizenship or other authorization?  Yes  No

## EMPLOYMENT

*Start with current or most recent employer. Please give complete information for Full-Time, Part-Time and Military Positions, even if resume is attached.*

<b>1</b>	Employed (State Month & Year)	Employer	Address	City, State, Zip
	From	To		
	Supervisor: Name, Title and Phone No.			
Reason for leaving				
Job Titles and Duties:				
<b>2</b>	Employed (State Month & Year)	Employer	Address	City, State, Zip
	From	To		
	Supervisor: Name, Title and Phone No.			
Reason for leaving				
Job Titles and Duties:				

## EMPLOYMENT CON'T

*Start with current or most recent employer. Please give complete information for Full-Time, Part-Time and Military Positions, even if resume is attached.*

<b>3</b>	Employed (State Month & Year)	Employer	Address	City, State, Zip
	From	To		
Supervisor: Name, Title and Phone No.				
Reason for leaving				
Job Titles and Duties:				
<b>4</b>	Employed (State Month & Year)	Employer	Address	City, State, Zip
	From	To		
Supervisor: Name, Title and Phone No.				
Reason for leaving				
Job Titles and Duties:				

## EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	DATES		COURSE OF STUDY	DID YOU GRADUATE?	DEGREE/ DIPLOMA HELD
		FROM MO/YR	TO MO/YR			
High School						
College						
Graduate						
Tech/Trade						
Other						
Licenses/Certifications:						
Relevant/Specialized Training:						

## SKILLS/QUALIFICATIONS

*Complete information for job-related skills only*

Computers:	Type of Equipment		
Software:	Spreadsheet	Word Processing	
	Statistical	Database	
	Programming languages		
Typing:	WPM	Physical Plant — List Craft Skills:	
Other applicable skills:			

## ADDITIONAL QUESTIONS

<p>Do you have a current ME driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 16, a work permit must be issued through local school district.</p> <p>Have you ever been disciplined by a professional or licensing board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you ever resigned from a prior employment or volunteer position after a complaint has been received against you or your conduct was under investigation or review? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been dismissed or discharged for misconduct from an employment or volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of or entered a plea of guilty or no contest to, a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date, offense and disposition</p> <p>Disclosures to these questions are not necessarily a bar to employment..</p>
---	---

## REFERENCES

*Please complete information for three professional references, excluding relatives.*

Name	Address	Office Phone	Home Phone	Relationship

## APPLICANT STATEMENT

- I certify that the information provided on this application (and accompanying resume, if applicable) is true and complete to the best of my knowledge.
- I authorize investigation of all statements contained herein and the contacting of references and previous employers. I release such persons and all parties from liability for communications involving my potential employment.
- I understand that my application for employment with the Maine Community College System ("MCCS") may be subject to public disclosure.
- I understand that neither this application nor any offer of employment from the MCCS constitute an employment contract unless a specific document to that effect is executed in writing by both the MCCS and me.
- I understand that if employed, my employment is for no specified period of time and may be ended by either myself or by the MCCS at any time.
- If employed, I understand that false or misleading information provided in my application, resume or interview(s) may result in immediate discharge.
- I agree to abide by all rules and regulations of the MCCS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Eastern Maine Community College is an equal opportunity/affirmative action institution and employer.  
For more information, please call (207) 974-4633.