



HUMAN RESOURCES
 One College Drive
 Calais, ME 04619
 (207) 454-1000
 www.wccc.me.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

WORK ELIGIBILITY

- Advertisement Agency Friend Relative
 Walk-in Internal Posting Other

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.

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

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

4	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>
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PROFESSIONAL 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 _____

Washington County Community College is an equal opportunity/affirmative action institution and employer.
For more information, please call Tatiana Osmond at (207) 454-1040.