



University Of Maine System
 Systemwide Services
 16 Central Street ♦ Bangor, ME 04401

APPLICATION FOR HOURLY PAID EMPLOYMENT

Application Date: _____

Position or Type of Work Applied For: _____

If you have a resume, please attach it to this application. **You must also complete the entire application.**

The University provides reasonable accommodations to enable applicants with disabilities to participate in the job application and interview process. If you need assistance, please contact the Human Resources Office at 207-973-3370 (Voice) or 207-973-3300 (TDD).

| | | | |
|--|------------------------------------|------------------------------------|---------------------------------|
| PERSONAL INFORMATION | | | |
| Name: | _____ | _____ | _____ |
| | Last | First | Middle |
| Present Address: | _____ | _____ | _____ |
| | Street | City | State Zip |
| Other address (if any) where you can be contacted: | _____ | | |
| | _____ | _____ | _____ |
| | Street | City | State Zip |
| Telephone: | (Home) _____ | (Business) _____ | |
| Other number where you may be reached: | _____ | | |
| Have you ever worked for the University System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, please give campus, department, title and dates of employment: | _____ | | |
| | _____ | | |
| Do you want to work: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Either |
| If part-time, specify days and hours: | _____ | | |
| Are you interested in a job that is: | <input type="checkbox"/> Regular | <input type="checkbox"/> Temporary | <input type="checkbox"/> Either |
| If hired, when would you be available to begin work? | _____ | | |

| EDUCATION | | | | |
|---|------------------|----------------------------|-------------------|-----------------|
| School | Name and Address | Circle Last Year Completed | Degree or Diploma | Major or Course |
| Elementary | | 4 5 6 7 8 | | |
| High School | | 9 10 11 12 | | |
| Trade, Business School or College | | 1 2 3 4 | | |
| Other (including relevant training, workshops and continuing education) | | | | |

SKILLS / TRAINING

What office machines can you operate? _____

Typing _____ wpm Shorthand _____ wpm Dictaphone _____ wpm

Word Processing Skills: _____ None _____ Beginning _____ Intermediate _____ Advanced

Equipment / software used: _____

Data processing skills: _____ None _____ Beginning _____ Intermediate _____ Advanced

Equipment / software used: _____

For Office Use Only. Results of Skills Test:

If you are skilled in a trade, please list: _____

Are you licensed in that trade? _____ Yes _____ No Type of license: _____

Have you learned any other skills through military service, work-study, volunteer work, continuing education, etc., which are appropriate for the job category applied for? _____

If the job you are applying for involves operating a vehicle, do you have a valid driver's license?
_____ Yes _____ No What type of license do you have? _____ Class C _____ Class B _____ Class A

MILITARY SERVICE

Have you ever served in the armed forces? _____ Yes _____ No

If yes, what branch? _____

Dates of service: From: _____ To: _____
Month / Day / Year Month / Day / Year

Briefly describe your military duties: _____

WORK EXPERIENCE

Please list your last five employers, beginning with the most recent and working backwards.

| | | |
|---|---|-------------------------------|
| Employer's Name and Address | Position | Briefly Describe Your Duties: |
| From: _____ To: _____ Month/Year Month/Year | Salary | Reason for Leaving |
| Supervisor | May we contact this employer for a reference? _____ Yes _____ No If no, please explain: | Telephone |

| WORK EXPERIENCE (continued) | | |
|--|--|-------------------------------|
| Employer's Name and Address | Position | Briefly Describe Your Duties: |
| From: _____ To: _____ Month/Year Month/Year | Salary | Reason for Leaving |
| Supervisor | May we contact this employer for a reference? ___ Yes ___ No If no, please explain: | Telephone |

| | | |
|--|--|-------------------------------|
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|--|--|-------------------------------|
| Employer's Name and Address | Position | Briefly Describe Your Duties: |
| From: _____ To: _____ Month/Year Month/Year | Salary | Reason for Leaving |
| Supervisor | May we contact this employer for a reference? ___ Yes ___ No If no, please explain: | Telephone |

REFERENCES

Please list any additional professional references who are familiar with your work record.

| Name | Business | Address | Telephone | Years Acquainted |
|------|----------|---------|-----------|------------------|
|------|----------|---------|-----------|------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Additional information or comments you wish to give: _____

The University permits the employment of close relatives. However, an employee who is a close relative of an applicant may not participate in employment decisions involving that applicant. To help us carry out this policy, please list names and departments of any relatives working for the University.

Is there anything that would interfere with your ability to perform the job-related functions of the job for which you have applied? Yes No

If yes, please describe any reasonable accommodations that would allow you to perform the job-related functions:

Have you ever been **convicted** of any crime, other than a minor traffic violation? Yes No

If yes, please describe and give date: _____

(A conviction will not necessarily bar you from employment. The time, circumstances, seriousness, and nature of the violation and rehabilitation will be taken into consideration.)

Are you authorized to work in the United States? Yes No

The University requires proof of citizenship or immigration status from all new employees at the time of hire.

AUTHORIZATION AND CERTIFICATE OF APPLICANT

I authorize the University to contact the references and verify the educational degrees listed on my application and resume. I certify that all answers and statements contained in this application and on my attached resume are true to the best of my knowledge and belief. I understand that any false or misleading information may subject me to **DISQUALIFICATION** before appointment or **DISMISSAL** after appointment. I also understand that employment is contingent upon my providing proof of identity and the right to work, and may be contingent upon the successful completion of a pre-employment, post-offer medical examination.

Signature of Applicant: _____ Date: _____

In complying with the letter and spirit of applicable laws and in pursuing its own goals of diversity, the University of Maine System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status or gender expression, national origin or citizenship status, age, disability, or veterans status in employment, education, and all other areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination in any area of the University should be directed to the Director of Equal Opportunity, University of Maine System, 16 Central Street, Bangor, Maine 04401, 207-621-3199 (Voice) or 207-973-3300 (TDD). Inquiries about discrimination may also be referred to the Office for Civil Rights, U.S. Department of Education, 33 Arch St., Suite 900, Boston, MA 02110-1491. Phone: 617-289-0111 (Voice) or 877-521-2172 (TDD).