

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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REFERENCES

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

Name	Business	Address	Telephone	Years Acquainted
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Are you able to perform the essential functions of the job for which you have applied, either with or without reasonable accommodations? Yes No

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, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information or veterans status in employment, education, and all other areas of the University System. 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 university Equal Opportunity Director or to the Director of Equity and Diversity for the University of Maine System at 16 Central Street, Bangor, ME 04401, phone (207) 973-3372, TTY (207) 973-3262.