



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

APPLICATION FOR SALARIED EMPLOYMENT

Application Date: _____ Position or Type of Work Applied For: _____

Please attach your resume to this application and complete the application. **Please refer to the job announcement for materials that need to be submitted with this 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: _____		Email Address: _____		
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: _____				

If hired, when would you be available to begin work? _____				

EDUCATION							
If educational background is provided on your resume and includes all information requested here, you may skip this section.							
School	Name and Address	Circle Last Year Completed				Degree or Diploma	Major or Course
High School		9	10	11	12		
Trade School		1	2	3	4		
College or Business School		1	2	3	4		
Graduate or Professional School		1	2	3	4		

COMPUTER AND DATA PROCESSING SKILLS

Please list your background in the areas below if the position for which you are applying requires computer or data processing skills. If the information requested here is provided on your resume, you may skip this section.

Software used: _____

Equipment used: _____

Programming languages: _____

PROFESSIONAL LICENSES AND CERTIFICATES

If the position for which you are applying requires a professional license or certificate or if you are registered in the profession, please list the information requested below. Also attach a photocopy of the license, certificate or registration to this application.

Type of License, Certificate or Registration	Issuing Organization	Expiration Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

EMPLOYMENT HISTORY

Please list your last five employers, beginning with the most recent and working backwards. If employment history is provided on your resume and includes all information requested here, you may skip this section.

Employer's Name and Address	Position	Briefly Describe Your Duties:
From: _____ To: _____ <small>Month/Year Month/Year</small>	Salary	Reason for Leaving
Supervisor	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Telephone

EMPLOYMENT HISTORY (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

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

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

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

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.