COUNTY OF HANCOCK
Human Resources Department
50 State Street, Suite 7
Ellsworth, Maine 04605

POSITION APPLIED FOR_____

DATE_____

Application for Employment

(Pre-Employment Questionnaire)

We are an equal opportunity employer, dedicated to a policy of non-discrimination. Employment is based upon qualification, without regard to race, sex, religion, marital status, color, age, or national origin and status with regard to public assistance. We will make every effort to place the handicapped in suitable positions.

PLEASE COMPLETE ALL INFORMATION EVEN IF INCLUDED IN YOUR RESUME.

PERSONAL DATA (Please type or print)

Last Name	First	Middle Initial	Social Security Number

Present Address:	Number/Street	City	State	Zip	Area Code/Telephone
Permanent Address:	Number/Street	City	State	Zip	Area Code/Telephone

Other Name(s) by which applicant is known to references if different from present name:	Do you have any relatives working here? __Yes, __No If yes, Name(s) & Relationship:

Salary Desired:	When are you available for employment?	Date of Birth: _____

How did you hear of us: ☐ Relative _____ ☐ Employee _____
☐ Advertising ☐ Indeed _____ ☐ Other _____ ☐ Website: _____

Please check the positions you are interested in: ☐ Full-time ☐ Part-time ☐ Either Position: _____	Please circle days and hours you are available for work: SU M TU W TH F S Mornings Afternoons Evenings All

Are you authorized to work in the United States? ☐ Yes ☐ No
If yes, proof of identity and employment eligibility will be required upon beginning employment.

Within the last five (5) years have you been convicted of a felony? ☐ Yes ☐ No

EDUCATION: Education is a criterion that the company may utilize in determining whether or not an applicant is qualified.

Name and location of school	Degree or Certification Received	Course of Major/Minor Subjects	No. of Years Attended
High School (or G.E.D.)			
College or University			
Business, Trade or Technical Schools			
Military Service Schools			

WORK EXPERIENCE

Please account for all periods of employment. Start with your most recent position and include military service. You may attach a resume to supplement information, but application must be completed in full.

Last or present position

NAME OF EMPLOYER Address	City	State	Zip	Area Code/Telephone

Date started	Starting Earnings $ per wk/mo.	Starting Position	May we call you at this number? ☐ Yes ☐ No
Date ended	Present (Last) Earnings $ per wk/mo.	Present Position	May we contact your present employer prior to any offer? ☐ Yes ☐ No
Name and title of present (Last) Supervisor		Reason for Leaving?	
Brief description of your responsibilities (Include number of employees you supervised, if applicable)			

NAME OF EMPLOYER Address	City	State	Zip	Area Code/Telephone

Date started	Starting Earnings $ per wk/mo.	Starting Position	May we contact this employer? ☐ Yes ☐ No
Date ended	Present (Last) Earnings $ per wk/mo.	Present (Last) Position	
Name and title of present (Last) Supervisor		Reason for Leaving?	
Brief description of your responsibilities (Include number of employees you supervised, if applicable)			

NAME OF EMPLOYER Address	City	State	Zip	Area Code/Telephone

Date started	Starting Earnings $ per wk/mo.	Starting Position	May we contact this employer? ☐ Yes ☐ No
Date ended	Present (Last) Earnings $ per wk/mo.	Present (Last) Position	
Name and title of present (Last) Supervisor		Reason for Leaving?	
Brief description of your responsibilities (Include number of employees you supervised, if applicable)			

WORK EXPERIENCE (continued)

NAME OF EMPLOYER Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings $ per wk/mo.	Starting Position	May we contact this employer? ☐ Yes ☐ No	
Date ended	Present (Last) Earnings $ per wk/mo.	Present (Last) Position		
Name and title of present (Last) Supervisor		Reason for Leaving?		
Brief description of your responsibilities (Include number of employees you supervised, if applicable)				

NAME OF EMPLOYER Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings $ per wk/mo.	Starting Position	May we contact this employer? ☐ Yes ☐ No	
Date ended	Present (Last) Earnings $ per wk/mo.	Present (Last) Position		
Name and title of present (Last) Supervisor		Reason for Leaving?		
Brief description of your responsibilities (Include number of employees you supervised, if applicable)				

NAME OF EMPLOYER Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings $ per wk/mo.	Starting Position	May we contact this employer? ☐ Yes ☐ No	
Date ended	Present (Last) Earnings $ per wk/mo.	Present (Last) Position		
Name and title of present (Last) Supervisor		Reason for Leaving?		
Brief description of your responsibilities (Include number of employees you supervised, if applicable)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

_____

_____

_____

_____

Describe any job-related training received in the United States Military.

_____

_____

_____

_____

Other Qualifications:

_____

_____

_____

_____

Specialized Skills:

_____

_____

_____

_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES: _____ NO: _____

REFERENCES (Professional, Trade, Business or Civic Activities and Offices Held)

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Name	Address	Phone
1.		
2.		
3.		

SELF-DECLARATION OF SEXUAL ABUSE / SEXUAL HARRASSMENT

Check one: Applicant: ____ Employee: ____ Unescorted Contractor/Volunteer: _____

I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and if employed, may result in termination of employment if discovered at a later date.

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes: _____ No: _____
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes: _____ No: _____
3. Have you ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse, or sexual harassment? Yes: _____ No: _____

By my signature below, I understand my continuing affirmative duty to disclose any change in my reporting status as indicated above. I further understand that any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Full Printed Name: _____

(First) (Middle) (Last)

Signature: _____ Date: _____

COUNTY OF HANCOCK
Human Resources Department
50 State Street, Suite 7
Ellsworth, Maine 04605

Date: _____

Please complete and return the form to Human Resources.
Email: Joshua.griffin@hancockcountymaine.gov

Full name: _____

Address: _____

Street Town/City State Zip code

Phone number: _____ email: _____

Position applied for: _____

List all Aliases/Maiden/Former (please print):

_____

_____

Date of Birth: _____ Place of Birth _____

Sex (M/F/other): _____

Social Security Number: _____

Driver's License _____ State _____

Eye color: _____ Hair Color: _____ Height: ____ feet _____ inches Weight: _____

I authorize Hancock County to conduct a criminal background check, social security verification, Maine Motor Vehicle, and sex offender check. All the information and materials I have provided to Hancock County are part of the employment process. They are accurate and fully truthful. The criminal history record information to The County of Hancock is for the purpose of employment with The County of Hancock.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ Date _____

*You must authorize the release of information relevant to your background including your criminal history records. This information will be sent to the Maine Background Check Center and other Federal or State Agencies as needed to investigate your background.