

WORK LOCATION DESIGNATION

The geographic locations to the right are to designate where and under what conditions you will accept work. Before completing this section consider where you might like to live (urban or rural); availability of housing suitable to you; costs of relocation (buying or selling a home, obtaining a new apartment); or commuting costs (fuel, wear and tear on a car, etc.) AFTER CONSIDERING THESE THINGS DESIGNATE ALL THE AREAS IN WHICH YOU WOULD TRULY ACCEPT EMPLOYMENT. If your plans or situations change you can always update this information by contacting the Certification Supervisor. If you are referred to a vacancy and do not report for an interview, your name will be removed from the eligible register.

GEOGRAPHIC LOCATIONS

ANYWHERE IN THE STATE: If you will work anywhere please check all the counties. Conditions of Work must be same for all counties.

ANYWHERE IN A SPECIFIC COUNTY: If you will work anywhere in a specific county check the county. This will include any specific locations listed under the county.

IN A SPECIFIC LOCATION: If you wish to work in a specific location check that location only.

CONDITIONS OF WORK

FULL-TIME: If you designate Full-time we will refer you to vacancies which require 40 hours per week. Specific positions may require shift, weekend, overtime, callout, standby or non-standard duty hours.

PART-TIME: If you designate Part-time we will refer you to vacancies which require less than 40 hours per week. If you wish to be considered for **Job Sharing** also check this box.

TEMPORARY: If you designate Temporary we will refer you to vacancies which normally are of less than 6 months duration. This includes **Acting Capacity** assignments.

SEASONAL: If you designate Seasonal we will refer you to vacancies in Seasonal positions as required by the work...(recreational, agricultural, tax processing, etc.)

IMPORTANT INSTRUCTIONS FOR COMPLETING WORK HISTORY

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary, and volunteer jobs. List jobs in reverse order, starting job. To evaluate your qualification, we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. DO NOT SUBSTITUTE A RESUME'.

GEOGRAPHIC LOCATIONS

Counties are in **BOLD** print and the conditions of work areas are shaded.

		Conditions of work			
		Full Time	Part Time	Temp	Sea-sonal
All Counties	0				
ANDROSCOGGIN - All Locations	1				
Lewiston	2				
Livermore	3				
AROOSTOOK - All Locations	4				
Ashland	5				
Caribou	6				
Fort Kent	7				
Houlton	8				
Madawaska	9				
Presque Isle	10				
Van Buren	11				
CUMBERLAND - All Locations	12				
Portland	13				
Brunswick	14				
Baxter School	15				
South Portland	16				
Windham - MCC	17				
FRANKLIN - All Locations	18				
Farmington	19				
Rangeley	20				
HANCOCK - All Locations	21				
Bar Harbor	22				
Bucksport	23				
Ellsworth	24				
KENNEBEC - All Locations	25				
Augusta	26				
Augusta - AMHI	27				
Waterville	28				
KNOX - All Locations	29				
Rockland	30				
Thomaston	31				
LINCOLN - All Locations	32				
Boothbay	33				
OXFORD - All Locations	34				
Norway	35				
Rumford	36				
PENOBSCOT - All Locations	37				
Bangor	38				
Bangor - BMHI	39				
Charleston	40				
Millinocket	41				
PISCATAQUIS - All Locations	42				
Dover-Foxcroft	43				
Greenville	44				
SAGADAHOC - All Locations	45				
Bath	46				
Unused	47				
SOMERSET - All Locations	48				
Skowhegan	49				
WALDO - All Locations	50				
Belfast	51				
WASHINGTON - All Locations	52				
Bucks Harbor DCF	53				
Calais	54				
Eastport	55				
Machias	56				
YORK - All Locations	57				
Biddeford	58				
Kittery	59				
Saco	60				
Sanford	61				

EMPLOYER #1	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: MAY WE CONTACT YOUR PRESENT EMPLOYER BEFORE MAKING AN OFFER OF EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

EMPLOYER #2	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

EMPLOYER #3	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

EMPLOYER #4	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

NOTE INFORMATION NOT COVERED ELSEWHERE WHICH RELATES TO YOUR QUALIFICATIONS OR ELIGIBILITY FOR THIS POSITION:

SPECIAL NOTE: If additional space is needed, please use additional sheets and set up in same format as above
STRIP CARDS ARE NO LONGER REQUIRED - SUBMIT TWO STAMPED SELF-ADDRESSED LEGAL SIZE ENVELOPES

EMPLOYER #	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

EMPLOYER #	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

EMPLOYER #	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
YOUR TITLE		HOURS PER WEEK _____
DUTIES		SUPERVISOR'S NAME & TITLE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:		NUMBER & TITLES OF EMPLOYEES YOU SUPERVISED

EMPLOYER #	TELEPHONE	FROM _____ TO _____
COMPLETE ADDRESS		LAST WEEKLY PAY \$ _____
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ADMINISTRATIVE SKILLS										
(subject to verification by formal testing, work sampling, reference checks)										
	Speed in Words Per Minute				Speed in Strokes Per Minute					
	Typewriter	Stenography	Stenotype	Keypunch	Computer Terminal					
Skill Level										
In relation to other persons you have known rate your skill in each of these areas.										
0 - No Skill 1 - Low Skill 2 - Average Skill 3 - High Skill										
	Switch-board	10-Key Adder	Calcu-lator	Bookkpg-Machine	Mimeo-graph	Microfilm Equip.	Tele-type	Dicta- phone	Word Processor	Label

Date Stamp

EDUCATION AND TRAINING

Circle last yr. completed 1 2 3 4	NAME AND LOCATION	Dates		Hours Completed		Major	Minor	Type Degree	Mo. & Yr. of Degree
		From	To	Semester Hours	Quarter Hours				
High School 1 2 3 4									
College/Univ 1 2 3 4									
Grad School 1 2 3 4									
Prof School 1 2 3 4									
Other 1 2 3 4									

If you expect to receive a degree in the next three months, give date you expect degree and circle.
 If you have attended more than one school for the same degree, list the LAST school and show highest grade completed.
 You will not receive credit for any education/training claimed without proof.

Other schools or training (trade, vocational, armed services or business)*. give name, location of each school, dates attended, subjects studied, certificates, and any other data related to the job you are applying for.

Special Licenses (include name of license, registration or certification, State where issued, ending dates)*

*You will not receive credit without proof.

Do you have a current driver's license?
 Yes Give Type _____ State Where Issued _____
 No

FOREIGN LANGUAGE SKILLS

(If Any - write your foreign language in the boxes which best describes your skill)

	GOOD	FAIR	POOR
SPEAK			
READ			
WRITE			

Entry Control Label

ADDITIONAL INFORMATION

APPLICANT INFORMATION SURVEY

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is CONFIDENTIAL. The page will be removed from your application prior to review and destroyed after data compilation.

RACIAL/ETHNIC DEFINITIONS

1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
2. WHITE (not of Hispanic Origin): All persons other than Franco-American having origins in any of the original peoples of Europe, North Africa, or the Middle East.
3. FRANCO-AMERICAN: All white persons of French ancestry.
4. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
6. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:

(The requirements are different than State Veterans Preference)

VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975, and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per centum or more or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

DEFINITIONS FOR DISABLING OR HANDICAPPING CONDITIONS:

HANDICAPPED: Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment. Major life activities which might be substantially limited by such impairment include: walking, seeing, hearing, learning, self-care, speaking, performing manual tasks, breathing, and socialization. A disabled individual who is likely to experience difficulty in obtaining, retaining, or advancing in employment is considered substantially limited.

VISUAL & HEARING IMPAIRMENT: Loss of vision or hearing to a degree which substantially limits one or more major life activities.

DEVELOPMENTAL DISABILITY: A Group of disabilities that affects a person during the developmental stages of his/her life and usually continues indefinitely. Such a condition constitutes a substantial handicap to his/her functioning. Examples are mental retardation, cerebral palsy, epilepsy and autism.

OTHER PHYSICAL IMPAIRMENT: Includes orthopedic abnormalities, missing or crippled limbs and extremities (congenital or caused by trauma or diseases such as arthritis, rheumatics, or polio), motor impairments (due to injury or other conditions), cardiovascular or neurological disorders (i.e., heart disease, paraplegia, multiple sclerosis, or Parkinson's disease), diabetes, tuberculosis, or cancer.

PSYCHOLOGICAL IMPAIRMENT: A person who has experienced mental illness and is presently rehabilitated or stabilized.

CHEMICAL DEPENDENCE: A Dependence on alcohol or drugs to a degree which substantially limits one or more life activities. A rehabilitated person is no longer dependent on drugs or alcohol.

MULTIPLE DISABILITIES: More than one disability. Multiple disabilities could occur in two or more different categories or within a single category.

1. I have read the paragraph above and do not wish to provide the information.

2. Enter your age in years.

ENTER YOUR RACIAL/ETHNIC GROUP CODE NUMBER

3. Refer to definitions at left for your code number

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YOUR CHOICE AND THEN ENTER THE LETTER INTO THE DATA BOX

4. What is your Sex? A. Male B. Female

5. What is your Marital Status?
A. Single B. Married C. Divorced
D. Separated E. Widowed

6. Job Notice or Referral Source:

- A. Maine Job Service
B. The Maine Bureau of Human Resources
C. Bureau of Vocational Rehabilitation
D. Another State Agency
E. School Placement Office
F. Public Announcement
G. Veteran's Organization
H. Community Organization
I. Other

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

7. Maine Resident

8. Current State Employee

9. Convicted Felon

10. Vietnam Era Veteran

11. Disabled Veteran

12. Have a Visual Impairment (Do not check if correctable by glasses)

13. Have A Hearing Impairment

14. Have A Developmental Disability

15. Have Other Physical Impairments

16. Have A Psychological Impairment

17. Have A Chemical Dependence

18. Have A Rehabilitated Chemical Dependence

19. Have Multiple Disabilities

20. Test Accommodations May Be Necessary because of disabling or handicapping condition

21. A Disabling or Handicapped Condition Which May Affect Ability To Do This Job