



STATE OF MAINE

Department of Administrative & Financial Services
Bureau of Human Resources



Application for Direct Hire Employment Classes

Application Number

Your Name		Social Security Number [][][] - [][] - [][][][]	
Street Address		City or Town	
State Abbrev	Zip Code	Home Telephone ([][][]) [][][] - [][][][]	Business Telephone ([][][]) [][][] - [][][][]

Title of Work Applied For	Class Code	Date Available to Begin Work
First Preference for Work Location	Second Preference for Work Location	
Are you a present or former state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are, give your present or former agency and current or last job classification:	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Service: _____ Do you elect to claim a Veteran's Preference for this position? (Refer to Veteran's Preference Policy) <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONDITIONS UPON WHICH YOU WILL ACCEPT EMPLOYMENT
Check All That Apply
You Will Not Be Considered For Conditions You Do No Select

<input type="checkbox"/> Full-Time Normally 40 hours a week	<input type="checkbox"/> Intermittent (On Call When Needed)	Seasonal (Seasonal assignments may cover more than one season) <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
<input type="checkbox"/> Part-Time or Job Sharing Normally less than 40 hours a week	Shift Work <input type="checkbox"/> 1st <input type="checkbox"/> 3rd <input type="checkbox"/> 2nd <input type="checkbox"/> 4th	<input type="checkbox"/> Temporary or Acting Capacity (Usually to replace an employee on leave)	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to use your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current Maine Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III	Are you willing to work <input type="checkbox"/> Holidays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays	
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, attach explanation:	

I hereby attest that the information in this application is correct to my best knowledge and belief and understand that false or misleading information may result in the rejection of my application or result in my dismissal from the service if I am selected.

Signature	Date
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AGENCY PERSONNEL USE ONLY

Minimum Qualifications (Circle One) Pass Fail	Date	Rater's Name	
Testing Record		Results	
Hired in Classification Title	Agency	Effective Date	Position Number

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

WORK HISTORY

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 parttime, temporary, and volunteer jobs. List jobs in reverse order with your present or last job. List each promotion in a separate job. To evaluate your qualifications, 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 detailing of duties. Do not substitute a resume. Use additional sheets of paper if necessary following the same format to document work history.

PRESENT OR LAST 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:		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

EDUCATION AND TRAINING

Circle last yr. completed	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.

*You will not receive credit without proof.

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

*You will not receive credit without proof.

ADDITIONAL INFORMATION

INSTRUCTIONS

1. **Read the Direct Hire Employment Classes Pamphlet** to find the classification title, name and telephone number of agencies having the classification; licensing requirements; and requirements for supplemental qualifications sheets.
2. Additional copies of Direct Hire Applications may be obtained from agencies having Direct Hire classifications.
3. Use a separate application for each classification and agency.
4. Contact the agency you are seeking employment with to find out specifics on salaries, duties and responsibilities of positions, minimum entrance requirements, testing requirements and employment possibilities.
5. Employment in some classifications may be restricted to the extent that agencies may not be accepting applications.
6. Be as accurate as possible in completing the application.
7. Information on the application is subject to verification by testing, checks with previous employers, background investigation and contacts with schools.
8. If registration, certification or licensing is required, please provide proof **with the application**.
9. **Probation Period.** All employees must complete at least a six month probation period. This is part of the selection process.
10. Certain jobs have minimum age requirements. Contact the hiring agency for specifics **before making application**.
11. **Submit the application directly to the agency you are seeking employment with.**
12. If you have a physical or mental disability which may require special testing or a job accommodation, please contact the Affirmative Action Officer of the department you are seeking employment with.