

Human Resources Office



Thank you for your interest in Cumberland County Government. Please attach copies of the following documents along with your application:

- Birth certificate, valid Passport, or INS work Permit to establish eligibility to work in the U.S.
- High School diploma or GED
- Military records/DD-214
- College degree or transcripts
- Documentation of name change (if applicable)
- Driver's License
- Corrections/Law Enforcement Certificate (if applicable)

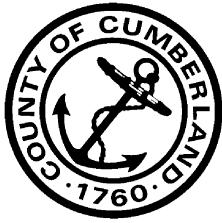
Please return the completed application and documents to:

Human Resources Office
Cumberland County Courthouse
142 Federal Street, Room 100
Portland, Maine 04101
Tel./207.775.6809
Fax/207.871.8378

Sincerely,

Wanda P. Pettersen

Wanda P. Pettersen
Human Resources Director
Pettersen@cumberlandcounty.org



Employment Application County of Cumberland, Maine

Human Resources Office
142 Federal Street, Room 100
Portland, Maine 04101
Tel/207.775.6809
Fax/207.871.8378
www.cumberlandcounty.org

Please print in ink or type. Answer every question clearly and **completely**. Where a question does not apply, answer N/A. All positions require a complete application, therefore, **do not use "See Resume."** Completed applications may be mailed or hand-delivered. Applications for positions with closing dates must be received by the Human Resources Office by 4:00 p.m. on the closing date.

PERSONAL DATA

Applications are only accepted for jobs which are currently open. Be sure to list the title of the job for which you are applying.

POSITION APPLIED FOR _____
(Give exact title)

1. Legal Name _____ 2. Social Security No. _____
Last First Middle

3. Address _____
Street City State Zip Code

4. Telephone, (Area Code)/Number (____) _____ (____) _____
Home Work

Email Address _____

5. Are you legally eligible to work in the U.S.? • Yes • No
6. The County of Cumberland supports the Americans with Disabilities Act. Are you able to perform the specific job functions for which you are applying? • Yes • No If no, list **only** the accommodation needed:
7. Are you related to an employee of the County of Cumberland? • Yes • No
If yes, which department? _____
8. Have you ever worked for the County of Cumberland? • Yes • No
If yes, which department? _____ When? _____
9. If the position for which you are hired requires driving a County vehicle, you must produce an appropriate, valid driver's license. Your driving record will be reviewed if your position requires driving a County vehicle. Your driving record must be within the standards set by the County's insurance company and the County in order for you to be permitted to operate a County vehicle.
10. When would you be available for employment? _____
11. What is the lowest salary you will accept? _____
12. How did you learn about the position for which you are applying? _____

If newspaper, which one, or if County employee referral, list name of employee. _____

EDUCATION AND TRAINING

13. Indicate the highest educational grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 12+

Did you graduate from high school? • Yes • No If no, have you passed a G.E.D. test? • Yes • No

Name and location of the last high school attended _____

	School Name and Location	Number of Years Attended	Did you Graduate?	Degree	Major Area of Study
College or University					
Other Education					

SPECIAL QUALIFICATIONS AND SKILLS (typing, computer proficiency, foreign languages, professional licenses and certifications, publications, scholastic honors, etc.)

OTHER TRAINING YOU RECEIVED (for example special courses, work training programs, armed forces training)

If applying for a job requiring specific skills please complete as applicable:

Typing Speed: _____ wpm. Other: _____

EXPERIENCE HISTORY

14. Start with your present position and work back. Include military service/volunteer experience. **Explain fully any gaps in employment or between education and employment.** Additional experience should be listed on a separate sheet of paper. Be sure to include all requested information, especially as it relates to the job for which you are applying. **Do not use "See Resume."**

Present/Last Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No _____

Past Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No _____

Past Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No _____

Past Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No _____

Experience History

_____ Past Employer Job Title: _____ Employed from: _____ to: _____
_____ Street Address Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
_____ City, State, Zip Reason on for leaving: _____
_____ Telephone Describe your work: _____
_____ Supervisor's Name _____
May we Contact? Yes No _____

_____ Past Employer Job Title: _____ Employed from: _____ to: _____
_____ Street Address Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
_____ City, State, Zip Reason for leaving: _____
_____ Telephone Describe your work: _____
_____ Supervisor's Name _____
May we Contact? Yes No _____

_____ Past Employer Job Title: _____ Employed from: _____ to: _____
_____ Street Address Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
_____ City, State, Zip Reason for leaving: _____
_____ Telephone Describe your work: _____
_____ Supervisor's Name _____
May we Contact? Yes No _____

_____ Past Employer Job Title: _____ Employed from: _____ to: _____
_____ Street Address Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
_____ City, State, Zip Reason for leaving: _____
_____ Telephone Describe your work: _____
_____ Supervisor's Name _____
May we Contact? Yes No _____

15. Background checks are routinely performed prior to hire. May we conduct? • Yes • No If no, please explain:

16. Do you possess a Maine:

A. Chauffeur's License? YES or NO If yes, list license number _____ Issue date: _____

B. Operator's (Driver's) License? YES or NO If yes, list license number _____

Issue Date: _____ Class: _____ State: _____

C. Did you ever possess a chauffeur's or Operator's license issued by any state other than Maine?

YES or NO

If yes, list City & State _____

Issue Date _____

17. References: Note: MUST be complete, include all data requested

_____	_____	_____
Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
_____	_____	_____
Telephone	Telephone	Telephone
_____	_____	_____
Relationship	Relationship	Relationship

List any other names you have used or have been known by (include nicknames)

Are you willing to submit to a polygraph examination in order to establish the integrity of this questionnaire? _____

If "NO", state reason(s) _____

MILITARY SERVICE
(ANSWER ALL QUESTIONS)

Have you ever served in a Military Organization of the United States? _____

Give periods of military service (Active or Reserves)

From _____ To _____

From _____ To _____

From _____ To _____

Give branch of service _____

Were you ever court-martialed, tried on charges, the subject of Summary Court or received an Article 15? _____

If "YES", give details of charges and disposition _____

If space is insufficient, use a continuation sheet

Are you currently an Active or Inactive member of the Reserve Forces (any branch), or National Guard of the United States of any foreign government? _____

State which, active or inactive _____

Branch _____ Unit _____ Rank _____

Address _____ From _____ To _____

CUMBERLAND COUNTY GOVERNMENT

MANDATORY QUESTIONNAIRE

MUST be completed and submitted with application

Name: (please print) _____

READ AND ANSWER EVERY QUESTION: A candidate shall be rejected who has intentionally made a false statement of a material fact, practiced or attempted to practice any deception or fraud in his/her application, examination or in securing his/her eligibility for appointment. All information on this form will be subject to review for truthfulness and integrity during a polygraph examination.

(Circle Yes or No)

- | | | |
|--|-----|----|
| 1. Have you ever been convicted of a felony? | Yes | No |
| 2. Have you ever been convicted of a misdemeanor? | Yes | No |
| 3. Have you ever been convicted of any felony or a misdemeanor involving perjury or a false statement? | Yes | No |
| 4. Have you received a dishonorable or an undesirable discharge from the Armed Forces? | Yes | No |
| 5. Have you sold, purchased or offered for sale any illegal drug? | Yes | No |
| 6. Have you induced or attempted to induce another person in the use of illegal drugs? | Yes | No |
| 7. Have you used cannabis, marijuana, hash, hash oil or any of its derivatives in the last six months? | Yes | No |
| 8. Have you ever injected illegal drugs, including steroids? | Yes | No |

Explain any "yes" answer, giving dates:

9. Have you ever used any of the following other than those prescribed for you while under the care of a physician?

DRUG	SLANG NAME	CIRCLE YES OR NO	IF YES, LIST NUMBER OF TIMES USED	IF YES, LIST LAST DATE USED
Cocaine, crack, freebase, or any cocaine derivative	Snow, blow, nose candy, toot	YES NO		
LSD	Acid	YES NO		
PCP	Angel dust, Tea	YES NO		
Opium		YES NO		
Heroin	Horse, smack, red eagle, monkey	YES NO		
Psilocybin	Mushrooms, schrooms	YES NO		
MDMA	XTC, Ecstasy	YES NO		
Barbiturates	Barbs, downers, yellow jackets, phennies	YES NO		
Amphetamines	Bennies, dexies, speed	YES NO		
Inhalants	Glue, gasoline, poppers, rush	YES NO		
Quaaludes	Ludes, downers	YES NO		
Methamphetamine	Crank, crystal, ice	YES NO		
Steroids	Human performance drugs, anabolics	YES NO		
Marijuana	Grass, weed, herb, smoke	YES NO		
Hashish	Hash, THC	YES NO		
Other (please list)		YES NO		

I hereby certify that the information set forth in this two page questionnaire is true and complete. I understand that failure to disclose any information requested **in this questionnaire or my application** will disqualify me from consideration. Cumberland County is hereby authorized to make any investigation into my personal history as it relates to my application for employment.

Applicant's Signature

Printed Name

Date

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

PROBATIONARY PERIOD

It is understood that I shall be considered a temporary employee during a probation period and may be discharged or laid off before the expiration of that period without recourse.

STATEMENT OF APPLICANT

I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all of the information they may have concerning me, whether on record or not. I also release them and their company from any liability for any damage whatsoever for issuing same.

It is agreed that any misrepresentation by me in this application will be sufficient cause for its cancellation, rejection or dismissal from service if I am appointed. It is also agreed that I have answered all of the questions on this form completely. If not, this application may be rejected.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureau of your choice.

APPLICANT'S SIGNATURE

DATE

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE COUNTY OF CUMBERLAND

Cumberland County is an Equal Opportunity/Affirmative Action Employer.

We encourage diversity in our workforce.

VOLUNTARY DATA RECORD

To enable the County of Cumberland to meet statistical reporting regulations, applicants are requested (but not required) to complete this Personal Data Sheet. Information will be used solely for reporting purposes. This portion of your application will be detached and, if hired, will not become a part of your employee record. It will not be used as selection criteria and will be treated as personal and confidential.

Name: _____ Date: _____

Position applied for: _____

Date of Birth: _____ Check one: • Male • Female

Check one of the following (race/ethnic category descriptions are on the reverse side of this form):

- Hispanic • Native American • Asian/Pacific Islander • White • Black

Are you a Veteran? • No • Yes Vietnam Era Veteran? • No • Yes

If yes, dates of active duty: From _____ To _____ Type of discharge or release: _____

TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the information below.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (a) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (b) safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (c) government officials investigating compliance with the Acts shall be informed.

If you are disabled and/or a veteran of the Vietnam Era, we would like to assist you in making appropriate career decisions. It would be helpful if you would complete the information below.

- I am disabled and would like assistance in appropriate employment placement.
- I am a Vietnam Era Veteran and would like assistance in appropriate employment placement.
- I am a disabled veteran and would like assistance in appropriate employment placement.

This is a list of my special skills, knowledge, or experience which may qualify me for positions that I might not otherwise be able to do because of my disability. This will permit my being considered for any position of that kind.

The following accommodations, if made, would enable me to perform the job for which I am applying successfully and safely:

RACE/ETHNIC CATEGORY DESCRIPTIONS

White (not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin)

All persons having origins in any of the Black racial groups of Africa.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regard-less of race.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

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.