

APPLICATION FOR EMPLOYMENT



Contact Numbers

Phone (207)286-3319
 Fax (207)283-0364
 E-mail cidtools@cidtools.com

Affirmative Action/Equal Opportunity Employer

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position.

Title

PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Social Security Number	
Address (Street, City, State, Zip Code)			
Home Phone Number () ()	Work Phone Number () ()	May we contact you at work? ___Yes ___No	
Have you been employed under other names? ___Yes ___No List Name(s):			
Are you authorized to work in the U.S.? ___Yes ___No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION & SKILLS:

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs complete	Graduated		Degree & Major
College		___Yes		
Other		___Yes		
High School/GED		___Yes		

OFFICE/COMPUTER SKILLS:

___ Word processing	___ Presentation Software	___ Transcription	___ Apple/Mac
___ Database	___ Desktop Publishing	___ Medical terminology	___ Ten key by touch
___ Spreadsheet	___ Typing ___ wpm	___ PC/IBM	___ Switchboard

EMPLOYMENT HISTORY: List all employment including military and volunteer service **starting with the most current position held.** Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, **but you must complete the employment section.** This information will be used in reference checks. Failure to answer all items in the following sections may eliminate you from further consideration.

Dates Employed(month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason For Leaving:
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:			

Dates Employed(month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason For Leaving:
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:			

Dates Employed(month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason For Leaving:
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:			

PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Curators affecting my employment shall constitute a part of my appointment or employment.

APPLICANT'S SIGNATURE _____ DATE: _____

Supplemental employment information

Dates Employed(month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
_____ Full-Time _____ Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason For Leaving:
May we contact for references ___ Yes ___ No			
Duties:			

Dates Employed(month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
_____ Full-Time _____ Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason For Leaving:
May we contact for references ___ Yes ___ No			
Duties:			