



**WASHINGTON
COUNTY
COMMUNITY
COLLEGE**

HUMAN RESOURCES
ONE COLLEGE DRIVE
CALAIS, ME 04619
(207) 454-1000
www.wccc.me.edu

EMPLOYMENT APPLICATION

Please print all information.

MAINE COMMUNITY COLLEGE SYSTEM

PERSONAL

Name: <i>Last</i>	<i>First</i>	<i>Middle</i>	Today's Date:
Address:			Phone: Home () Work ()
City, State, Zip:			Social Security No:
Previous Maine Community College System Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Available for Start:
If Yes, When?		Campus/Department:	
Type of work you are seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			Position Desired:
If Part-Time, days & hours available:			

REFERRAL SOURCE

- Advertisement On-line Friend Relative
 Walk-in Internal Posting Other

WORK ELIGIBILITY

- Do you have the legal right to work in the United States? Yes No
Can you verify your legal right to work in the United States by providing a birth certificate, proof of citizenship or other authorization? Yes No

EMPLOYMENT

Start with current or most recent employer. Please give complete information for Full-Time, Part-Time and Military Positions, even if resume is attached.

1	Employed (State Month & Year) From _____ To _____	Employer	Address	City, State, Zip
	Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start _____ End _____	Supervisor — Name, Title and Phone No.		Reason for leaving
	Job Titles and Duties:			
2	Employed (State Month & Year) From _____ To _____	Employer	Address	City, State, Zip
	Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start _____ End _____	Supervisor — Name, Title and Phone No.		Reason for leaving
	Job Titles and Duties:			
3	Employed (State Month & Year) From _____ To _____	Employer	Address	City, State, Zip
	Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start _____ End _____	Supervisor — Name, Title and Phone No.		Reason for leaving
	Job Titles and Duties:			
4	Employed (State Month & Year) From _____ To _____	Employer	Address	City, State, Zip
	Salary <input type="checkbox"/> Weekly <input type="checkbox"/> Annual Start _____ End _____	Supervisor — Name, Title and Phone No.		Reason for leaving
	Job Titles and Duties:			

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	DATES		COURSE OF STUDY	DID YOU GRADUATE?	DEGREE/DIPLOMA HELD
		FROM MO/YR	TO MO/YR			
High School						
College						
Graduate						
Tech/Trade						
Other						

Licenses/Certifications:

Relevant/Specialized Training:

SKILLS/QUALIFICATIONS

Complete information for job-related skills only

Computers:	Type of Equipment	
Software:	Spreadsheet	Word Processing
	Statistical	Database
	Programming languages	

Typing: WPM

Physical Plant — List Craft Skills:

Other applicable skills:

ADDITIONAL QUESTIONS

Do you have a current ME driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime other than a minor traffic offense?
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If under 16, a work permit must be issued through local school district.	If yes, provide date, offense and disposition:
	A conviction record will not necessarily be a bar to employment.

REFERENCES

Please complete information for three references, excluding relatives.

Name	Address	Office Phone	Home Phone	Relationship

APPLICANT STATEMENT

I certify that the information provided on this application (and accompanying resume, if applicable) is true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein, and the contacting of references and previous employers. I release such persons and all parties from liability for communications involving my potential employment.

I understand that my application for employment with the Maine Community College System may be subject to public disclosure.

I understand that neither this application, nor any offer of employment from Washington County Community College, constitute an employment contract unless a specific document to that effect is executed in writing by both the College and the employee.

I understand that if employed, my employment is for no specified period of time and may be ended by either myself or by the College at any time.

If employed, I understand that false or misleading information provided in my application, résumé or interview(s) may result in immediate discharge.

I agree to abide by all rules and regulations of the College.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER

Washington County Community College does not discriminate in its education and employment programs on the basis of age, race, color, gender, sexual orientation, national origin, disability, or religion.