



PENOBSCOT REGIONAL COMMUNICATIONS CENTER
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or physical or mental disability. We offer reasonable accommodation to qualified disable persons.

Date of Application _____

Position(s) Applied For _____

Referral Source: ___ Advertisement ___ Friend ___ Relative Walk-In ___ Employment Agency

Were you referred by a PRCC Employee? ___ Yes ___ No If yes, who? _____

Other _____

Name _____
LAST FIRST MIDDLE

Address _____
Number Street City State Zip Code

Telephone () _____ Social Security Number ____ / ____ / ____

Are you 18 years of age? ___ Yes ___ No If no, can you furnish work permit? ___ Yes ___ No

Have you filed an application here before? ___ Yes ___ No If yes, give date _____

Have you ever been employed here before? ___ Yes ___ No If yes, give date _____

Are you employed now? ___ Yes ___ No May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available for work (check all that apply) ___ Full-Time ___ Saturdays ___ Sundays ___ Holidays

Are you on a lay-off and subject to recall? ___ Yes ___ No

Can you travel if a job requires it? ___ Yes ___ No

Are you a Veteran of the U.S. Military Service? ___ Yes ___ No If Yes, Branch _____

AN EQUAL OPPORTUNITY EMPLOYER

(a) Have you been convicted of any felony or misdemeanor (other than a minor traffic violation)?
___Yes ___No (Conviction will not necessarily disqualify applicant from employment).

(b) Have you ever had a civil judgment entered against you for fraud or for converting or misappropriating the property of another? ___Yes ___No

(c) Have you ever been denied employment benefits due to misconduct? ___Yes ___No

If yes to (a), (b) or (c), please explain_____

Indicate languages you speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status):

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

Are you mentally and physically able to perform all of the duties of the position for which you are applying, with or without reasonable accommodations? ___Yes ___No

If no, please explain: _____

Do you have any relatives (by blood or marriage) employed here? ___Yes ___No
If yes, who? _____

EMPLOYMENT EXPERIENCE

Start with your present or last employer, and **LIST ALL EMPLOYERS DURING THE PAST FIFTEEN YEARS**, or your last four employers, if over a longer period. Do not omit any employer or requested information within this period.

1. EMPLOYER _____ DATES EMPLOYED FROM _____ TO _____

WORK PERFORMED _____

Address: _____

Telephone: _____ Hourly Rate/Salary Starting _____ Final _____

Your Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____

2. EMPLOYER _____ DATES EMPLOYED FROM _____ TO _____

WORK PERFORMED _____

Address: _____

Telephone: _____ Hourly Rate/Salary Starting _____ Final _____

Your Job Title: _____ Supervisor's Name: _____

Reason for Leaving _____

3. EMPLOYER _____ DATES EMPLOYED FROM _____ TO _____

WORK PERFORMED _____

Address: _____

Telephone: _____ Hourly Rate/Salary Starting _____ Final _____

Your Job Title: _____ Supervisor's Name: _____

Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION:

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities _____

HONORS RECEIVED: State any additional information you feel may be helpful to us in considering your applications.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I authorize investigation of all statements in this application. I authorize Penobscot County to contact any prior employers and references I have given. I release all such persons from liability to me for providing information, and induce them to respond candidly to such inquires.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Accepting applications does not necessarily mean that current openings exist.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

I understand that false or misleading information given or omissions in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, which it may change in its sole discretion.

Signature of Applicant

Date

Penobscot Regional Communications Center
AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to _____, a duly authorized agent of the Penobscot Regional Communications Center, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities; employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, where-so-ever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether, representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Penobscot Regional Communications Center to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Penobscot Regional Communications Center. I have had this explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

Address: _____

DOB: _____ S.S. No: _____ Phone: _____

Witness: _____