

**Lewiston-Auburn 9-1-1
Emergency Communications System**

Phyllis Gamache, Director
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APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, sexual or gender orientation, national origin, religion, age, sex, marital or veteran status. Lewiston-Auburn 9-1-1 complies with all state and federal non-discrimination laws, including but not limited to the Americans with Disabilities Act.

PLEASE PRINT OR TYPE

POSITION APPLIED FOR:

Name: _____
Last First M.I.

Address: _____
Number Street City/Town State Zip Code

Telephone: _____ Alternate Number: _____ Email: _____

Are you a United States citizen or an alien authorized to work in the United States? Yes ☐ No ☐

Are you a veteran of the United States Military Service? Yes ☐ No ☐

Branch: _____ Dates: _____

Have you been convicted of any violations of any State or Federal Criminal Law or Code? Yes ☐ No ☐

If "Yes", please explain: _____

Are you able to perform the essential and marginal functions of the position applied for with or without reasonable accommodation? Yes ☐ No ☐

Please describe any skills, trainings, certifications, or experience relevant to the position you are applying for.

EDUCATION

High School: _____ City, State: _____ Diploma or GED: _____

College: _____ City, State: _____ Degree: _____

Post Grad: _____ City, State: _____ Degree: _____

Specialty Schooling/Courses: _____

EMPLOYMENT HISTORY

Are you currently employed: Yes ☐ No ☐

May we contact your employer? Yes ☐ No ☐

Please list previous employers, beginning with the most recent.

Employer 1: _____

Address: _____

Supervisor: _____ Title: _____ Telephone#: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Last Position Held: _____ Final Pay Rate: _____ ☐ Hourly ☐ Salary

Duties: _____

Employer 2: _____

Address: _____

Supervisor: _____ Title: _____ Telephone#: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Last Position Held: _____ Final Pay Rate: _____ ☐ Hourly ☐ Salary

Duties: _____

Employer 3: _____ Address: _____

Supervisor: _____ Title: _____ Telephone#: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Last Position Held: _____ Final Pay Rate: _____ ☐ Hourly ☐ Salary

Duties: _____

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize Lewiston/Auburn 9-1-1 to investigate all information set forth in my application, by contacting my prior employers and by all other means authorized or permitted by law. I understand that if I am hired, omissions or false statements in this application or interviews will be grounds for immediate termination of employment. I also acknowledge my electronic signature to be as valid as an original.

Signature

Date