Lewiston-Auburn 9-1-1 Emergency Communications System

**Paul M. LeClair, Director** 552 Minot Avenue, Auburn, Maine 04210 207.786.5380 ~~ 207.795.0743 *fax* 



## **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.	
Addross			
Address: Number Street	City/Town	State Zip Code	
	Alternate Number: Email:		
Are you a United States citize	n or an alien authorized to work in the Uni	ited States? Yes 🗆 No 🗆	
Are you a veteran of the Unite	ed States Military Service?	Yes 🗆 No 🗆	
Branch:	Dates:		
Have you been convicted of a	ny violations of any State or Federal Crimi	nal Law or Code? Yes $\Box$ No $\Box$	
	ssential and marginal functions of the posi		
Are you able to perform the es reasonable accommodation?		tion applied for with or without Yes $\Box$ No $\Box$	
Are you able to perform the es reasonable accommodation? Please describe any skills, trai for.	ssential and marginal functions of the posi	tion applied for with or without Yes $\Box$ No $\Box$	
Are you able to perform the es reasonable accommodation? Please describe any skills, trai for. <b>EDUCATION</b>	ssential and marginal functions of the posi	tion applied for with or without Yes □ No □ nt to the position you are applying	
Are you able to perform the es reasonable accommodation? Please describe any skills, trai for. <b>EDUCATION</b> High School:	ssential and marginal functions of the posi inings, certifications, or experience relevar	tion applied for with or without Yes □ No □ nt to the position you are applying Diploma or GED:	

Are you currently employed: Yes  $\Box$  No  $\Box$ 

Please list previous employers, beginning with the most recent.

Employer 1:			
Address:			
		Telephone#:	
Start Date:	End Date:	Reason for Leaving:	
Last Position Held:		Final Pay Rate:	$\Box$ Hourly $\Box$ Salary
Duties:			
Employer 2:			
Address:			
		Telephone#:	
Start Date:	End Date:	Reason for Leaving:	
Last Position Held:		Final Pay Rate:	$\Box$ Hourly $\Box$ Salary
Duties:			
Employer 3:		Address:	
Supervisor:	Title:	Telephone#:	
Start Date:	End Date:	Reason for Leaving:	
Last Position Held:		Final Pay Rate:	$\_\_\Box \text{ Hourly } \Box \text{ Salary}$
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