Lewiston-Auburn 9-1-1 Emergency Communications System

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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.	
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. EDUCATION	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. EDUCATION 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