



University Of Maine at Augusta

46 University Drive, Augusta, ME 04330

APPLICATION FOR HOURLY PAID EMPLOYMENT

Position or Type of Work Applied For: _____ Application Date: _____

If you have a resume, please attach it to this application. **You must also complete the entire application.**

The University provides reasonable accommodations to enable applicants with disabilities to participate in the job application and interview process. If you need assistance, please contact the Human Resources Office at 207-621-3100(voice) or 1-800-316-3600(TDD).

PERSONAL INFORMATION			
Name: _____			
Last	First	Middle	
Present Address: _____			
Street	City	State	Zip
Other address (if any) where you can be contacted: _____			
Street	City	State	Zip
Telephone: (Home) _____ (Business) _____			
Other number where you may be reached: _____			
Have you ever worked for the University System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give campus, department, title and dates of employment _____			
Do you want to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either			
If part-time, specify days and hours: _____			
Are you interested in a job that is: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Either			
If hired, when would you be available to begin work? _____			

EDUCATION				
School	Name and Address	Circle Last Year Completed	Degree or Diploma	Major or Course
Elementary		4 5 6 7 8		
High School		9 10 11 12		
Trade, Business School or College		1 2 3 4		
Other (including relevant training, workshops and continuing education)				

WORK EXPERIENCE (continued)		
Employer's Name and Address	Position	Briefly Describe Your Duties:
From: _____ To: _____ Month/Year Month/Year	Salary	Reason for Leaving
Supervisor	May we contact this employer for a reference? ___ Yes ___ No If no, please explain:	Telephone

Employer's Name and Address	Position	Briefly Describe Your Duties:
From: _____ To: _____ Month/Year Month/Year	Salary	Reason for Leaving
Supervisor	May we contact this employer for a reference? ___ Yes ___ No If no, please explain:	Telephone

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From: _____ To: _____ Month/Year Month/Year	Salary	Reason for Leaving
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Employer's Name and Address	Position	Briefly Describe Your Duties:
From: _____ To: _____ Month/Year Month/Year	Salary	Reason for Leaving
Supervisor	May we contact this employer for a reference? ___ Yes ___ No If no, please explain:	Telephone

REFERENCES

Please list any additional professional references who are familiar with your work record.

Name	Address	Business	Telephone	Years Acquainted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional information or comments you wish to give: _____

The University permits the employment of close relatives. However, an employee who is a close relative of an applicant may not participate in employment decisions involving that applicant. To help us carry out this policy, please list names and departments of any relatives working for the University. _____

Is there anything that would interfere with your ability to perform the job-related functions of the job for which you have applied? Yes No
If yes, please describe any reasonable accommodations that would allow you to perform the job-related functions: _____

Have you ever been **convicted** of any crime, other than a minor traffic violation? Yes No
If yes, please describe and give date: _____

(A conviction will not necessarily bar you from employment. The time, circumstances, seriousness, and nature of the violation and rehabilitation will be taken into consideration.)

Are you authorized to work in the United States? Yes No
The University requires proof of citizenship or immigration status from all new employees at the time of hire.

AUTHORIZATION AND CERTIFICATE OF APPLICANT

I authorize the University to contact the references and verify the educational degrees listed on my application and resume. I certify that all answers and statements contained in this application and on my attached resume are true to the best of my knowledge and belief. I understand that any false or misleading information may subject me to **DISQUALIFICATION** before appointment or **DISMISSAL** after appointment. I also understand that employment is contingent upon my providing proof of identity and the right to work, and may be contingent upon the successful completion of a pre-employment, post-offer medical examination.

Signature of Applicant: _____ Date: _____

The University of Maine at Augusta issues an Annual Security Report in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998. This report contains safety and security policies and procedures for students, employees, and visitors and selected crime statistics. A copy of this report is available on the web at <http://www.uma.edu/securityreport.html> or from the Office of Administrative Services, University of Maine at Augusta, 46 University Drive, Augusta, Maine 04330 (207-621-3100 or instate 1-877-UMA-1234).

In complying with the letter and spirit of applicable laws and in pursuing its own goals of diversity, the University of Maine at Augusta shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status or gender expression, national origin or citizenship status, age, disability, or veterans status in employment, education, and all other areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination in any area of the University should be directed to the Director of Equal Opportunity, University of Maine at Augusta, 46 University Drive, Augusta, Maine 04330, 207-621-3110 (Voice) or 1-800-316-3600 (TDD). Inquiries about discrimination may also be referred to the Office for Civil Rights, U.S. Department of Education, 33 Arch St., Suite 900, Boston, MA 02110-1491. Phone: 617-289-0111 (Voice) or 877-521-2172 (TDD).