

**LINCOLN COUNTY ANIMAL RESPONSE TEAM
POB 249 ~ WISCASSET, MAINE 04578
(207)882-7559
APPLICATION FORM**

NOTE: Applicants are considered for all positions without regard to race, color, sex, physical or mental disability, genetic pre-disposition, sexual orientation, religion, age, ancestry or national origin. Please print all information requested. An application not properly filled out may be rejected or returned for correction. A resume may be attached to this application but the application should be completed as well.

Date of Application: _____

Name: _____
Last First Middle

Current Address: _____
Number Street POB City/Town State Zip

Telephone: ___(home) _____ (cell) _____

Email: _____

Social Security #: _____

If the above is a temporary address, please list your permanent address and telephone number.

Are you currently employed? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

List the name, address and telephone number of the person to be notified in case of an emergency

CURRENT EMPLOYMENT

1.) Employer: _____ From (Date) _____ To (Date) _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Job Duties _____

2.) Employer: _____ From (Date) _____ To (Date) _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Job Duties _____

Reason For Leaving: _____

GENERAL INFORMATION

Are you a citizen of the United States? Yes____ No____

If naturalized, please give the date and place of naturalization

Are you prevented from lawfully becoming employed in the United states because of Visa or Immigration status?
Yes____ No____ (Proof of citizenship or immigration status will be required upon becoming a member of Lincoln County
Animal Response Team)

When are you able to participate in the Lincoln County Animal Response team?

Can you operate a computer? Yes____ No____ Are your skills basic or advanced? (Circle whichever applies)

Are you willing to travel long hours if the job requires it? Yes____ No____

Have you ever been convicted of a crime in this state or any other? Yes____ No____ If yes please provide
details: _____

Do you have a valid Maine driver's license? Yes____ No____

License Number: _____ Class: _____

Can you perform the essential functions of the position for which you are applying with or without reasonable
accommodation? Yes____ No____

List any professional, trade, business, or civic activities and offices you have held:

List the names, addresses, and telephone numbers of three references who are not related to you.

1) _____

2) _____

3) _____

SKILLS & QUALIFICATIONS

What experience if any do you have with animal care and handling?

What kind of animals are you experienced in caring for or handling?

What other skills can you bring to the Lincoln Count Animal Response Team?

EDUCATIONAL BACKGROUND

High School: _____ Years completed / _____
Year of graduation

College/University: _____ Years completed / _____
Year of graduation

College/ University/ Professional/ Graduate/
Degree(s) _____

ACKNOWLEDGMENT & AUTHORIZATION

I hereby certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for Lincoln County and any attachments, including a criminal records check, as may be necessary to arrive at an employment decision and I waive any rights I may have under the Federal Privacy Act or any other relevant state or federal law for this purpose. I understand that in the event of employment by the Lincoln County, any false or misleading information in this application or interview(s) may result in my being discharged.

I hereby authorize my former employer(s) to furnish the Lincoln County and its agents and/or employees, any relevant information concerning my employment history including, but not limited to, information concerning my work habits, performance, attendance, discipline, promotions, demotions, and my reason for leaving. By making this request, I hereby release my former employer(s) and their agents and/or employees from any and all claims and liabilities of any kind whatsoever arising out of their compliance with this request.

Signature of Applicant _____

Date of Application _____