

**STATE OF MAINE
DIRECT HIRE CAREER OPPORTUNITY**

Correctional Electrician Supervisor
Long Creek Youth Development Center and Maine Correctional Center
675 Westbrook Street
South Portland, ME 04106

Date: January 30, 2012
Pay Grade 20
Class Code 5319

Expires: February 13, 2012
Bargaining Unit MSEA
Range \$32,864 - \$44,387
Plus: \$.60 per hour Direct Care

Value of State Paid Dental Insurance: \$13.42 bi-weekly

* Value of State Paid Health Insurance

Level 1:	95% State Contribution (employee pays 5%):	\$345.58 biweekly
Level 2:	90% State Contribution (employee pays 10%):	\$327.39 biweekly
Level 3:	85% State Contribution (employee pays 15%):	\$309.20 biweekly

* The level of the actual value of state paid Health Insurance will be based on the employee's wage rate and status with regard to the health credit premium program as of July 1, 2010.
Value of State's share of Employee's Retirement: 17.87%

DESCRIPTION: This is a hands on Correctional Electrician Supervisory position in which the successful candidate will be performing daily electrical repair and maintenance work at the Long Creek Youth Development Center in South Portland, Maine and the Maine Correctional Center in Windham, ME. In addition the Correctional Electrician Supervisor may be supervising the work of subordinate employees and prisoners and working with or coordinating the work of contract electricians.

In order to be successful in this job you should have knowledge in the following areas:

- State and National electrical codes
- All tools, equipment, materials and practices used by electricians
- OSHA and other organizational safety requirements
- Electrical theories and principles

As well, you must have the ability to:

- Plan, coordinates and evaluate the work of professional, technical and clerical staff
- Communicate effectively orally and in writing
- Read blueprints and plans
- Detect and repair electrical systems and panels
- Climb ladders, stairs and work in confined spaces

MINIMUM QUALIFICATIONS:

You must have a high school diploma or equivalent and hold a current valid Master Electrician's license as issued by the Maine Electrician's Examining Board and two years of experience at the Master level.

HOW TO APPLY: Submit a State of Maine Direct Hire application form and a Dept of Corrections supplemental application required on non-Departmental employees (available from any Department of Corrections Facility), along with cover letter, and three letters of recommendation to Personnel Office, Long Creek Youth Development Center, 675 Westbrook Street, South Portland, ME 04106.

Applications are available at any Maine Career Center, by email at mcc.jobs@maine.gov or at: http://www.maine.gov/bhr/state_jobs/how_to/direct.htm A supplemental Dept of Corrections application is required.

Maine Correctional Center
Personnel Office
17 Mallison Falls Road
Windham, ME 04062

Long Creek Youth Development Center
Personnel Office
675 Westbrook Street
South Portland, ME 04106



Dear Applicant,

Thank you for expressing an interest in working as a Correctional Electrician Supervisor at the Long Creek Youth Development Center in South Portland and Maine Correctional Center in Windham, Maine. These facilities have been serving the people of Maine since 1853 and 1919 respectively and both have accreditation from the American Correctional Association.

We want to make sure that you have an accurate understanding of the Correctional Electrician Supervisor job before you proceed further with the application. It involves inspection, preventative maintenance, repair and installation of the electrical systems and devices and wiring at these two correctional facilities. You will be working with maintenance staff, supervising subordinate employees, working with contractors, and at the Windham facility, may be supervising a prisoner crew that assists you.

In this package you will find:

- State of Maine Direct Hire Application
- Supplemental questionnaire, required as part of the application and allows the Department to conduct a thorough background check
- Reference Forms, which you need to complete and sign three of them so we can obtain valid references

It is important that all job information you provide is true and accurate without omissions that could impact your suitability for this job.

Please make sure that the contact information you give on this application is up to date.

Should you have any questions do not hesitate to contact us at:

e-mail: mcc.jobs@maine.gov Phone: 207-893-7050 or 207-893-2604

Bradley J. Fogg
Personnel Officer
Corrections Service Center

Maine Correctional Center
Personnel Office
17 Mallison Falls Road
Windham, ME 04062

Long Creek Youth Development Center
Personnel Office
675 Westbrook Street
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BACKGROUND CHECK FOR EMPLOYMENT IN THE MAINE DEPARTMENT OF
CORRECTIONS

IN ORDER TO PROCESS YOUR APPLICATION FOR A POSITION AT THIS FACILITY, THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK WHICH INCLUDES THE FOLLOWING:

- Department of Corrections records
- Motor Vehicle records
- Law enforcement records
- Maine State Bureau of Identification
- Federal Bureau of Identification

ANY CRIMINAL CONVICTION AND/OR JUVENILE ADJUDICATION MAY DISQUALIFY YOU FROM CONSIDERATION FOR THIS POSITION.

This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OAs committed as an Adult and/or as a Juvenile.

HAVE YOU EVER BEEN CONVICTED OF AN ADULT CRIME OR ADJUDICATED OF ANY JUVENILE CRIME?

This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.

NO: _____ If YES, please explain on a separate piece of paper:

Signature of Applicant

Date

Failure to disclose any of the above may be cause for disqualification and/or termination of your employment.

STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described above.

CORRECTIONS Electrician Supervisor

Title of Position

Applicant's Signature

Date of Birth

Name Printed

Maine Correctional Center
Personnel Office
17 Mallison Falls Road
Windham, ME 04062
Social Security Number

Long Creek Youth Development Center
Personnel Office
675 Westbrook Street
South Portland, ME 04106
Driver's License Number/specify State

SUPPLEMENTAL QUESTIONS

Please take the time to thoroughly explain your responses to the following questions.

1. Why do you want to work *for the Department of Corrections*?
2. Do you have a career goal(s) in the corrections field?
3. Please tell us about any experience you have interacting with *juveniles/prisoners/or anyone else* which might enhance your performance as a Corrections Electrician Supervisor.
4. Would you have a problem dealing with any particular type of offender?
5. Is there any part of this job, as you understand it, which you might be unwilling to do?
6. Do you know anyone who is a current or former prisoner/juvenile resident/probationer/or otherwise been in the custody or under the supervision of the Maine Department of Corrections?
7. Have you ever been a supervisor? When? Where? Explain what you did.
8. How did you hear about this position?
9. When are you available to begin?

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10. Please list all other names you have ever used.

- 1. _____ from _____ to _____
- 2. _____ from _____ to _____
- 3. _____ from _____ to _____
- 4. _____ from _____ to _____
- 5. _____ from _____ to _____

11. Please list your residences for the past 10 years.

- 1 _____ from _____ to _____
- 2 _____ from _____ to _____
- 3 _____ from _____ to _____
- 4 _____ from _____ to _____
- 5 _____ from _____ to _____

12. Can you perform the duties of this position, with or without accommodation?

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Long Creek Youth Development Center
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REFERENCE INQUIRY FORM

Please complete 3 copies of this form with your three (3) recent work references.

Applicant's Section:

Your Printed Name: _____

Position Applied For: Corrections Electrician Supervisor

List the Work Reference we should send this form to:

Name/Title: _____

Mailing Address: _____

Dates of Employment: From _____ To _____

Your Position There: _____

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at *facility*.

Applicant's Signature

Date

Employer's Section:

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you.

Bradley Fogg, Personnel Officer

Are employment dates correct? If not, please list: From _____ To _____

Type of job (classification) _____

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[]	[]	[]	[]	[]
Quality of work:	[]	[]	[]	[]	[]
Quantity of work:	[]	[]	[]	[]	[]
Dependability:	[]	[]	[]	[]	[]
Applicant's attendance record:	[]	[]	[]	[]	[]
Applicant's services in general:	[]	[]	[]	[]	[]
Did applicant follow instructions as given:			Yes []		No []
Did applicant work in harmony with fellow employees:			Yes []		No []
Would you recommend applicant to us for employment:			Yes []		No []

Wages: \$ _____ per hour [] day [] week [] month []

Reason for leaving: laid off [] discharged [] resigned []

Is applicant eligible for rehire: Yes [] No []

If not, please list reason:

Comments: _____

Completed by:

Signature and Title

Date

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Applicant's Section:

Your Printed Name: _____

Position Applied For: Corrections Electrician Supervisor

List the Work Reference we should send this form to:

Name/Title: _____

Mailing Address: _____

Dates of Employment: From _____ To _____

Your Position There: _____

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at *facility*.

Applicant's Signature _____

Date _____

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The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you.

Bradley Fogg, Personnel Officer

Are employment dates correct? If not, please list: From _____ To _____

Type of job (classification) _____

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[]	[]	[]	[]	[]
Quality of work:	[]	[]	[]	[]	[]
Quantity of work:	[]	[]	[]	[]	[]
Dependability:	[]	[]	[]	[]	[]
Applicant's attendance record:	[]	[]	[]	[]	[]
Applicant's services in general:	[]	[]	[]	[]	[]
Did applicant follow instructions as given:			Yes []		No []
Did applicant work in harmony with fellow employees:			Yes []		No []
Would you recommend applicant to us for employment:			Yes []		No []

Wages: \$ _____ per hour [] day [] week [] month []

Reason for leaving: laid off [] discharged [] resigned []

Is applicant eligible for rehire: Yes [] No []

If not, please list reason:

Comments: _____

Completed by:

Signature and Title

Date

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REFERENCE INQUIRY FORM

Please complete 3 copies of this form with your three (3) recent work references.

Applicant's Section:

Your Printed Name: _____
 Position Applied For: Corrections Officer

List the Work Reference we should send this form to:

Name/Title: _____
 Mailing Address: _____
 Dates of Employment: From _____ To _____
 Your Position There: _____

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at *facility*.

 Applicant's Signature Date

Employer's Section:

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.
 Thank you.
 Bradley Fogg, Personnel Officer

Are employment dates correct? If not, please list: From _____ To _____
 Type of job (classification) _____

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[]	[]	[]	[]	[]
Quality of work:	[]	[]	[]	[]	[]
Quantity of work:	[]	[]	[]	[]	[]
Dependability:	[]	[]	[]	[]	[]
Applicant's attendance record:	[]	[]	[]	[]	[]
Applicant's services in general:	[]	[]	[]	[]	[]
Did applicant follow instructions as given:				Yes []	No []
Did applicant work in harmony with fellow employees:				Yes []	No []
Would you recommend applicant to us for employment:				Yes []	No []

Wages: \$ _____ per hour [] day [] week [] month []

Reason for leaving: laid off [] discharged [] resigned []

Is applicant eligible for rehire: Yes [] No []

If not, please list reason:

Comments: _____

Completed by:
 Signature and Title

Date

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REFERENCE INQUIRY FORM

Please complete 3 copies of this form with your three (3) recent work references.

Applicant's Section:

Your Printed Name: _____

Position Applied For: Corrections Electrician Supervisor

List the Work Reference we should send this form to:

Name/Title: _____

Mailing Address: _____

Dates of Employment: From _____ To _____

Your Position There: _____

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at *facility*.

 Applicant's Signature Date

Employer's Section:

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Thank you.

Bradley Fogg, Personnel Officer

Are employment dates correct? If not, please list: From _____ To _____

Type of job (classification) _____

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[]	[]	[]	[]	[]
Quality of work:	[]	[]	[]	[]	[]
Quantity of work:	[]	[]	[]	[]	[]
Dependability:	[]	[]	[]	[]	[]
Applicant's attendance record:	[]	[]	[]	[]	[]
Applicant's services in general:	[]	[]	[]	[]	[]
Did applicant follow instructions as given:			Yes []		No []
Did applicant work in harmony with fellow employees:			Yes []		No []
Would you recommend applicant to us for employment:			Yes []		No []

Wages: \$ _____ per hour [] day [] week [] month []

Reason for leaving: laid off [] discharged [] resigned []

Is applicant eligible for rehire: Yes [] No []


If not, please list reason: _____

Comments: _____

 Completed by:
 Signature and Title

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 Personnel Office
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		State of Maine (An Equal Opportunity Employer)		Return this applic to: Personnel Offic Maine Correctiona 17 Mallison Falls Windham, ME 04		
		Employment Application <i>(revised February 2011)</i>				
Last Name			First Name		M.I.	Social Securit Number
Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense un different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is that name?						
Name #1		Name #2				
Name #3		Name #4				
Mailing Address				Town	State	ZIP C
Home Phone #		Work Phone #		Email Address		
Title of the Job You're Applying For CORRECTIONAL ELECTRICIAN SUPERVISOR					Job Class Co 5319	
Veteran's Preference: See pamphlet "Veteran's Preference in Maine State Service" or go to www.maine.gov/state_jobs/veteran.htm for more information. Provide DD214 and disability forms if applicable.						
<input type="checkbox"/> Not Claimed <input type="checkbox"/> 5 Points (Requires DD214) <input type="checkbox"/> 10 Points (Requires DD214 and VA Statement of Disability)						
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligib employment. Can you, after employment, submit verification of your legal right to work in the United St <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a present or former Maine State employee? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Department		Job Title		Begin Date		End Date
Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays						
Do you have a current Maine driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, what type? <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C						
Are you willing to travel on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, are you willing to use your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No What shifts are you willing to work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3						
ADMINISTRATIVE SKILLS (subject to formal testing and work sampling) WORDS PER MINUTE						

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Typewriter:

Keyboarding:

FOREIGN LANGUAGE SKILLS

Language _____ Speak Read Write
 Language _____ Speak Read Write

Geographic Preference

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time P = Part Time T = Temporary S=Seasonal

		F	P	T	S			F	P	T	S			F	P
0	All Counties					21	Hancock					42	Piscataquis		
1	Androscoggin					22	Bar Harbor					43	Dover-Foxcroft		
2	Lewiston					23	Bucksport					44	Greenville		
3	Livermore					24	Ellsworth					45	Sagadahoc		
4	Aroostook					25	Kennebec					46	Bath		
5	Ashland					26	Augusta					48	Somerset		
6	Caribou					27	Augusta-RPC					49	Skowhegan		
7	Fort Kent					28	Waterville					50	Waldo		
8	Houlton					29	Knox					51	Belfast		
9	Madawaska					30	Rockland					52	Washington		
10	Presque Isle					31	Thomaston					53	Bucks Harbor		
11	Van Buren					32	Lincoln					54	Calais		
12	Cumberland					33	Boothbay					55	Eastport		
13	Portland					34	Oxford					56	Machias		
14	Brunswick					35	Norway					57	York		
16	South Portland	X				36	Rumford					58	Biddeford		
17	Windham MCC	X				37	Penobscot					59	Kittery		
18	Franklin					38	Bangor					60	Saco		
19	Farmington					39	Bangor BMHI					61	Sanford		
20	Rangeley					40	Charleston								
						41	Millinocket								

Education (Please include copies of diploma/degree/or transcripts)

Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	Deg Ty
High School 1 2 3 4							
College or University 1 2 3 4							

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Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

Licenses, Certifications and Registrations (INCLUDE COPIES)

Name of License, Registration or Certification	License Number	State of Issue	Expiration Date

Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

Employer #1	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties: 	
Reason for Leaving: _____	
Employer #2	From (mm/yy): _____ To (mm/yy): _____

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Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Employer #3	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Employer #4	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Employer #5	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:

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Duties:	
Employer #6	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:	
Employer #7	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:	
Employer #8	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:	
Employer #9	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____

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Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Employer #10	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	

Maine Correctional Center
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The State of Maine conducts background checks.

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered in military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicant for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.

Please print your answer (either "Yes" or "No") in the space provided: _____

If yes, please list: Offense(s)

Date of Conviction(s)

Offense(s)	Date of Conviction(s)
_____	_____
_____	_____
_____	_____
_____	_____

Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information may result in employment ineligibility.

Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

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Human Resources Use Only						
Review	Initials	Date	<input type="checkbox"/> Closing Date		Date Sent:	
1			<input type="checkbox"/> Supplemental Questions		Date Due:	
2			<input type="checkbox"/> Qualified			<input type="checkbox"/> Not Qualified
3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conditionally Qualified			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason
Exam Components		%	Date	Results	Record	Comments
MERS						
T & E						
Written						
PAT						
Oral						Convert Score From
Service Rating						
1 Performance						
2 Performance						
AGENCY PERSONNEL USE ONLY						
Minimum Qualifications			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		Date	Rater's Name
Testing Record				Results		

Date Stamp

Entry control Label

Maine Correctional Center
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Hired in Classification Title	Agency	Effective Date	Position Number

APPLICANT INFORMATION SURVEY

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and BEO/Affirmative Action requirements. You are not required to furnish this information, but your cooperation is encouraged. The information on this form is CONFIDENTIAL. The page will be removed from your application prior to review and destroyed after data compilation.

RACIAL/ETHNIC DEFINITIONS

0. **WHITE** (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1. **BLACK** (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.

2. **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

3. **ASIAN OR PACIFIC ISLANDERS**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

4. **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

6. **OTHER**

1. I have read the paragraph above and do not wish to provide the information.

- - 2. Enter your date of birth
 (month) (day) (year)

3. Enter your racial/ethnic group code number (refer to definitions at left)

4. What is your sex? A. Female B. Male

DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:
 (The requirements are different from State Veterans Preference)

VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

5. Vietnam Era Veteran

6. Disabled Veteran

Maine Correctional Center
Personnel Office
17 Mallison Falls Road
Windham, ME 04062

Long Creek Youth Development Center
Personnel Office
675 Westbrook Street
South Portland, ME 04106

<p style="text-align: center;">DEFINITION FOR DISABILITY</p> <p>Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.</p>	<p>PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)</p> <p><input type="checkbox"/> 7. Have a disability as defined</p> <p><input type="checkbox"/> 8. Interview accommodations may be necessary due to a disability</p>
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