

**CHARLESTON CORRECTIONAL FACILITY  
CHARLESTON, MAINE  
CORRECTIONS UNIT MANAGER VACANCY**

**Date:** January 26, 2012  
**Classification:** Corrections Unit Manager  
**Pay Grade:** 26, BU: Supervisory

**Expires:** February 9, 2012  
**Job Class Code:** 5243  
**Pay Range:** \$43305 - \$59280

*Value of State Paid Health Insurance*

Level 2: 95% State Contribution (employee pays 5%)	\$359.27 bi-weekly
Level 3: 90%^ State Contribution (employee pays 10%)	\$341.08 bi-weekly
Level 4: 85% State Contribution (employee pays 15%)	\$322.89 bi-weekly

*\*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 as of July 1, 2011*

*Value of State Paid Dental Insurance: \$13.69 bi-weekly, Value of State's share of Employee's Retirement: 17.87%*

Charleston Correctional Facility is a minimum/community confinement–level prison that rehabilitates adult male offenders through education, vocation, and therapeutic programs. This position coordinates and oversees the unit security and treatment programs and services (including: casework, counseling, psychological services, etc). Will maintain records and chair various committees.

To be successful in this field, you will need to have knowledge in areas such as:

- correctional institution rules and regulations
- custody and security standards
- treatment and rehabilitative methods, principals and practices
- correctional classification system

**As well, you must have the ability to:**

- communicate effectively orally and in writing
- recommend and implement changes in institutional policy
- establish and maintain effective working relationships

**Qualifications:**

An eight (8) year combination of training and experience which provides knowledge of correctional programs including two (2) years either in a supervisory or administrative role or experience in correctional case management and/or coordination of individualized prisoner programs.

**HOW TO APPLY:** Obtain applications at [www.maine.gov/corrections/](http://www.maine.gov/corrections/) or at MVYDC. Submit by: 02/09/2012 to Christine Conlogue, Personnel Officer, Charleston Correctional Facility, 1182 Dover Road, Charleston, Maine 04422 Phone 285-0818 FAX: 285-0836 [christine.e.conlogue@maine.gov](mailto:christine.e.conlogue@maine.gov)

Dear *Applicant*:

Thank you for your interest in applying for a CORRECTIONS UNIT MANAGER position at Charleston Correctional Facility. Please be sure you have an accurate understanding of the job before you proceed further with the application.

This position coordinates and oversees the unit security and treatment programs and services (including: casework, counseling, psychological services, etc). Will maintain records and chair various committees.

**MINIMUM QUALIFICATIONS:** An eight (8) year combination of training and experience which provides knowledge of correctional programs including two (2) years either in a supervisory or administrative role or experience in correctional case management and/or coordination of individualized prisoner programs.

A complete application packet must be returned. It includes the following:

**Application** - This is the State of Maine "Direct Hire" application.

**Supplemental Information** - This is required as part of the application. It allows the Department of Corrections to conduct a thorough background check.

**Reference Forms** - Complete the top portion only on three and sign so valid references can be obtained.

It is important that all the information you provide is true and accurate without omissions that could impact your suitability for this job. During that time, if you have a change of address, name, or phone number you need to notify the HR office.

Sincerely,

*Christine Conlogue*

Christine Conlogue, HR Manager  
Charleston Correctional Facility

1182 Dover Road

Charleston, Maine 04422

PH: (207) 285-0818

Cell: (207) 356-4234

FAX: (207) 285-0836

[Christine.e.conlogue@maine.gov](mailto:Christine.e.conlogue@maine.gov)

SUPPLEMENTAL QUESTIONS  
Charleston Correctional Facility  
Corrections Unit Manager

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

1. Why do you want to work as a CORRECTIONS UNIT MANAGER Charleston Correctional Facility?
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 UNIT MANAGER*.
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?
10. *If this is an adult facility position:* Do you have experience using firearms?
11. Please list all other names you have ever used.
12. Please list your residences for the past 10 years.
13. Can you perform the duties of this position, with or without accommodation?

**BACKGROUND CHECK FOR EMPLOYMENT**  
MAINE DEPARTMENT OF CORRECTIONS  
*CHARLESTON CORRECTIONAL FACILITY*  
*CORRECTIONS UNIT MANAGER*

IN ORDER TO PROCESS YOUR APPLICATION FOR A POSITION AT CHARLESTON CORRECTIONAL 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 THE CORRECTIONS UNIT MANAGER 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 OR ADJUDICATED OF ANY JUVENILE or ADULT CRIME?**

     Yes           No

**If YES, please explain:**

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

\_\_\_\_\_  
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.

      
Title of Position

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/Specify State

**REFERENCE INQUIRY FORM**  
 Charleston Correctional Facility  
**Please complete top section of all three forms**

**Applicant's Section:**  
 Your Printed Name: \_\_\_\_\_  
 Position Applied For: CORRECTIONS UNIT MANAGER

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 Charleston Correctional 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.  
*Christine E. Conlogue, Personnel Manager*

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

**REFERENCE INQUIRY FORM**

Charleston Correctional Facility

**Please complete top section of all three forms**

**Applicant's Section:**  
Your Printed Name: \_\_\_\_\_  
Position Applied For: CORRECTIONS UNIT MANAGER  
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 Charleston Correctional 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.  
Christine E. Conlogue, Personnel Manager

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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 \_\_\_\_\_

**REFERENCE INQUIRY FORM**  
 Charleston Correctional Facility  
**Please complete top section of all three forms**

**Applicant's Section:**  
 Your Printed Name: \_\_\_\_\_  
 Position Applied For: CORRECTIONS UNIT MANAGER

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 Charleston Correctional 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.  
*Christine E. Conlogue, Personnel Manager*

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



**State of Maine**  
(An Equal Opportunity Employer)

**Employment Application**  
(revised February 2011)

Last Name	First Name	M.I.	Social Security Number
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Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name?  
 Yes  No If so, what is that name?

Name #1 \_\_\_\_\_ Name #2 \_\_\_\_\_  
 Name #3 \_\_\_\_\_ Name #4 \_\_\_\_\_

Mailing Address	Town	State	ZIP Code
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Home Phone #	Work Phone #	Email Address
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Title of the Job You're Applying For <b>Corrections Unit Manager</b>	Job Class Code <b>5243</b>
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**Veteran's Preference:** See pamphlet "Veteran's Preference in Maine State Service" or go to [www.maine.gov/state\\_jobs/veteran.htm](http://www.maine.gov/state_jobs/veteran.htm) for more information. Provide DD214 and disability forms if applicable.

Not Claimed  
 5 Points (Requires DD214)  
 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 eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States?  
 Yes  No

Are you at least 18 years of age?  Yes  No

Are you a present or former Maine State employee?  Yes  No

Department	Job Title	Begin Date	End Date
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Are you willing to work:  Saturdays  Sundays  Holidays

Do you have a current Maine driver's license?  Yes  No  
 If yes, what type?  Class A  Class B  Class C

Are you willing to travel on the job?  Yes  No  
 If yes, are you willing to use your own vehicle?  Yes  No

Are you willing to work overtime?  Yes  No What shifts are you willing to work?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

**ADMINISTRATIVE SKILLS** (subject to formal testing and work sampling) WORDS PER MINUTE

Typewriter: \_\_\_\_\_ Keyboarding: \_\_\_\_\_

**FOREIGN LANGUAGE SKILLS**

Language _____	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
Language _____	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

Ca		F	P	T	S			F	P	T	S			F	P	T	S
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					36	Rumford					58	Biddeford				
17	Windham MCC					37	Penobscot					59	Kittery				
18	Franklin					38	Bangor					60	Saco				
19	Farmington					39	Bangor BMHI					61	Sanford				
20	Rangeley					40	Charleston										
						41	Millinocket										

Geographic Preference Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the 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

### Education

Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	Degree Type
High School 1 2 3 4							
College or University 1 2 3 4							
Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

### Licenses, Certifications and Registrations

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 your 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.

<b>Employer #1</b>	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: _____	
<b>Employer #2</b>	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:   	

<b>Employer #3</b>	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:   	
<b>Employer #4</b>	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:   	
<b>Employer #5</b>	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:   	
<b>Employer #6</b>	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:   	

<b>Employer #7</b>	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:   	
<b>Employer #8</b>	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:   	
<b>Employer #9</b>	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:   	
<b>Employer #10</b>	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:   	

**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, 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. Applicants 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)

_____	_____
_____	_____
_____	_____
_____	_____

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 will result in employment ineligibility.

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**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 or its 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**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 EEO/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

**DEFINITION FOR DISABILITY**

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.

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

7. Have a disability as defined

8. Interview accommodations may be necessary due to a disability