Family Matters Process Coordinator
Minimum Qualifying Sheet

Please check whether or not you have the following:	**Yes**	**No**
Graduation from an ABA accredited law school, Masters of Business Administration, or Masters of Public Administration **Required.** Explanation, if needed:		
License to practice law in Maine **preferred.** Explanation, if needed:		
2 or more years of Family Law **preferred**. Explanation, if needed:		
Strong administrative and organizational skills, including project, grant, and budget management **preferred.** Explanation, if needed:		
Familiarity with the Maine court system and statutes, rules, and procedures in Family Division related case types **required.** Explanation, if needed:		
Experience in grant development and administration **preferred.** Explanation, if needed:		
Familiarity with Microsoft Office Suite, including Excel, **preferred.** Explanation, if needed:		
Comfort with posting content on websites **preferred.** Explanation, if needed		

Please complete this application package and mail, or fax, it along with a resume and cover letter to:

Administrative Office of the Courts
Attn: Dawn Rule, Human Resources
P.O. Box 4820
Portland, Maine 04112
Fax: 207-822-0781

Applications must be **RECEIVED** by the application deadline. Incomplete or untimely applications packages will not be considered.

State of Maine Judicial Branch
Application for Employment

INSTRUCTIONS

PLEASE READ CAREFULLY

1. All questions in this application must be complete. The information submitted on this application will be used to determine applicant eligibility. Additional sheets may be included, if necessary, and must contain all information as requested in the work history.
2. A résumé or other additional information may be used to supplement this information; however, it will not be used to replace any of the required information. Any additional information must accompany this Application for Employment.
3. Incomplete, illegible, or untimely applications will not be considered.
4. A separate application must be submitted for each position for which you apply.
5. You will be notified of job status.
6. This application and accompanying information must submitted per the application instructions in the job posting.

Job Title For Which Applying:	Job Location For Which Applying:
Name: First, Middle, Last, Suffix (ex: Jr, Sr)	
Mailing Address:	
Home Phone:	Work Phone:
Email Address (note: we may contact you by email):	

Only United States citizens or aliens who have a legal right to work and remain permanently in the United States are eligible for employment. Can you, after being selected for employment, provide verification of your legal right to work in the United States?

Yes No

EDUCATION, TRAINING, & SKILLS

Education Level:

High School, College, Vocational, or other schools attended

Name and location of school attended	Dates attended	Fields of study (major, minor)	Degree earned	If no degree earned, number of credits

LICENSES, CERTIFICATIONS, AND REGISTRATIONS			
Name of License, Registration, or Certification	License Number	State of Issue	Expiration Date

ADDITIONAL TRAINING, EDUCATION, EXPERIENCE, OR SKILLS REQUIRED TO MEET MINIMUM QUALIFICATIONS **Note:** These are subject to formal testing and work sampling
Typing words per minute **or** Keystrokes per hour Please explain your level of accuracy in typing/keystrokes:
What are your computer skills?
Other (as indicated on the job posting):

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

WORK HISTORY #1		
Job Title:	Full Time Part Time No. Hours Worked:	
From (mo/yr): To (mo/yr):	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		

Did you supervise anyone? If yes, how many? Length of time in supervisory position:	Reason for leaving:

WORK HISTORY #2		
Job Title:	Full Time Part Time No. Hours Worked:	
From (mo/yr): To (mo/yr):	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		
Did you supervise anyone? If yes, how many? Length of time in supervisory position:	Reason for leaving:	

WORK HISTORY #3		
Job Title:	Full Time Part Time No. Hours Worked:	
From (mo/yr): To (mo/yr):	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		

Did you supervise anyone? If yes, how many? Length of time in supervisory position:	Reason for leaving:

WORK HISTORY #4

Job Title:	Full Time Part Time No. Hours Worked:	
From (mo/yr): To (mo/yr):	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:

Describe your duties:

Special awards or recognition:

Did you supervise anyone? If yes, how many? Length of time in supervisory position:	Reason for leaving:

WORK HISTORY #5

Job Title:	Full Time Part Time No. Hours Worked:	
From (mo/yr): To (mo/yr):	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:

Describe your duties:

Special awards or recognition:

Did you supervise anyone? If yes, how many? Length of time in supervisory position:	Reason for leaving:

For additional work experience, see **Additional Work Experience** Section.

ACKNOWLEDGEMENT

Please read and acknowledge 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 Judicial Branch 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 Judicial Branch 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 credit history check and/or a criminal history background check as a condition of employment. I authorize the State of Maine Judicial Branch 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 my acknowledgement as a condition of employment.

Acknowledged by: Date:

(Note: Your typed name will suffice as your signature.)

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The State of Maine Judicial Branch is an equal opportunity/affirmative action employer.

REFERRAL SOURCE

Please select the Referral Source that best describes the way you FIRST learned about the job opportunity for which you are applying:

The Internet Newspaper Ad Judicial Branch Office of Human Resources	Other State of Maine Office A referral from a current employee Other :

Additional Work Experience

Name:

WORK HISTORY #6		
Job Title: From (mo/yr): To (mo/yr): Full Time ☐ Part Time ☐ No. Hours Worked:	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		
Did you supervise anyone? If yes, how many?	Number of years in supervisory position:	Reason for leaving:

WORK HISTORY #7		
Job Title: From (mo/yr): To (mo/yr): Full Time ☐ Part Time ☐ No. Hours Worked:	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		
Did you supervise anyone? If yes, how many?	Number of years in supervisory position:	Reason for leaving:

WORK HISTORY #8	
Job Title: From (mo/yr): To (mo/yr): Full Time ☐	Name and Address of Employer:

Part Time ☐ No. Hours Worked:		
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		
Did you supervise anyone? If yes, how many?	Number of years in supervisory position:	Reason for leaving:

WORK HISTORY #9		
Job Title: From (mo/yr): To (mo/yr): Full Time ☐ Part Time ☐ No. Hours Worked:	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		
Did you supervise anyone? If yes, how many?	Number of years in supervisory position:	Reason for leaving:

WORK HISTORY #10		
Job Title: From (mo/yr): To (mo/yr): Full Time ☐ Part Time ☐ No. Hours Worked:	Name and Address of Employer:	
Supervisor's Name:	Supervisor's Title:	Phone Number:
Describe your duties: Special awards or recognition:		
Did you supervise anyone? If yes, how many?	Number of years in supervisory position:	Reason for leaving:

State of Maine Judicial Branch
BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. **An original signature is required.**
Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal conviction, arrest and conviction records, also any motor vehicle offense or convictions. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses? No ____ Yes ____
If yes, Please explain:

Name: (please print) full name:	(First)	(Middle)	(Last)
Maiden or previous names used: (list all)			
Date of birth:		Social Security Number:	
Current driver's license number:		State:	
Prior state driver's license number:		State:	
Current Address: (Street)	(City)	(State)	(Zip)
From:		To: Present:	
I have lived at this address for the past 10 years or more. No ____ Yes ____ If no, see page 2 for additional information.			

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

Signature of Applicant Date

Administrative Section
For internal Judicial Branch use only:
Print name of HR Rep/Program Mgr.

Signature Office Date

Investigation for HR Department: Employee ____ Volunteer ____ Manpower ____ Contractor ____ Intern ____
Extern ____ Law Clerk ____

Supervisor: _____ Location: _____

Investigation for Program Manager: LEP ____ CADRES ____ CASA ____ GALS ____ FDP ____ Bail Commissioner ____

Supervisor: _____ Location: _____

BACKGROUND INVESTIGATION INFORMATION

Pleas list your former addresses and dates at those addresses for the **past full 10 years**, including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city , State, and zip code. **This section must be complete or your application cannot be processed.**			
Former address 1:			
From:		To:	
Former address 2:			
From:		To:	
Former address 3:			
From:		To:	
Former address 4:			
From:		To:	
Former address 5:			
From:		To:	
Former address 6:			
From:		To:	
Former address 7:			
From		To:	
Former address 8:			
From:		To:	
Former address 9:			
From		To:	
Former address 10:			
From		To:	

APPLICANT INFORMATION SURVEY

Position for Which Applying:

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 Judicial Branch to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, although your cooperation is encouraged. The information on this form is **confidential.** This form is to be submitted as a separate document. It will be removed from your application prior to review and will be destroyed after data compilation.

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

Date of birth:

(month/day/year)

What is your sex? ☐ Female ☐ Male

Racial/ethnic group code number: (see definitions at right)	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
PLEASE CHECK ALL BOXES THAT APPLY TO YOU (refer to definitions at right) ☐ Vietnam Era Veteran ☐ Disabled Veteran	**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 CHECK ALL BOXES THAT APPLY TO YOU (refer to definitions at right) ☐ Have a disability as defined ☐ Interview accommodations may be necessary due to a disability	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.