REQUEST FOR PLACEMENT ON THE RE-EMPLOYMENT REGISTER STATE OF MAINE BUREAU OF HUMAN RESOURCES

NAME OF EMPLOYEE:		DATE OF REQUEST:				
FORMER TITLE/CLASSIFICATION	Optio	<u>N:</u>	CLASS CODE:			
FORMER DEPARTMENT:	SOCIAL SECURITY NUMBER:					
Home Address:		TELEPHONE:				
		HOME:				
E-MAIL ADDRESS:		WORK:				

MARK THE AREA(S) AND CONDITION(S) OF EMPLOYMENT SUITABLE TO YOU. YOUR NAME WILL NOT BE REFERRED TO POSITIONS IN AREAS OR CONDITIONS NOT DESIGNATED.

$\mathbf{F} = \mathbf{Full}$	Tim	e		Р	= Part Time	$\mathbf{T} = \mathbf{T}\mathbf{e}\mathbf{m}\mathbf{p}\mathbf{o}\mathbf{r}\mathbf{a}\mathbf{r}\mathbf{y} \qquad \mathbf{S} = \mathbf{S}\mathbf{e}\mathbf{a}\mathbf{s}\mathbf{o}\mathbf{r}$					al			
	F	Р	Т	S	1	F	Р	Т	S	1	F	Р	Т	S
0 All Counties					21 HANCOCK County					42 PISCATAQUIS County				
1 ANDROSCOGGIN County					22 Bar Harbor					43 Dover-Foxcroft				
2 Lewiston					23 Bucksport					4 Greenville				
3 Livermore					24 Ellsworth					45 SAGADAHOC County				
4 AROOSTOOK County					25 KENNEBEC County					46 Bath				
5 Ashland					26 Augusta					48 SOMERSET County				
6 Caribou					27 Augusta - AMHI					49 Skowhegan				
7 Fort Kent					28 Waterville					50 WALDO County				
8 Houlton					29 KNOX County					51 Belfast				
9 Madawaska					30 Rockland					52 WASHINGTON County				
10 Presque Isle					31 Thomaston					53 Bucks Harbor DCF				
11 Van Buren					32 LINCOLN County					54 Calais				
12 CUMBERLAND County					33 Boothbay					55 Eastport				
13 Portland					34 OXFORD County					56 Machias				
14 Brunswick					35 Norway					57 YORK County				
15 Baxter School					36 Rumford					59 Biddeford				
16 South Portland					37 PENOBSCOT County					59 Kittery				
17 Windham - MCC					38 Bangor					60 Saco				
18 FRANKLIN County					39 Bangor - BMHI					61 Sanford				
19 Farmington					40 Charleston									
20 Rangeley					41 Millinocket									
														_
Approval of Last Employer – Required														
						I. I. –								

		rippioval of East Employer Required						
(Employee Signature)	(Date)	Approved	Disapproved (Reason)					
Bureau of Human Resources Use		Name of Employer_						
(Effective Date)	(Ending Date	(Signature)	(Date)					