



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applying for: _____ Date: _____

Name: _____

Address: _____

Phone Number(s): _____ Email: _____

When is the best time to contact you? _____

How did you learn about us?

Advertisement Friend Inquiry Relative Website Other: _____

| | YES | NO | COMMENTS: |
|---|-----|----|---------------------|
| Have you ever filled out an application with us before? | | | If Yes, Date: _____ |
| Have you ever been employed with us before? | | | If Yes, Date: _____ |
| Are you eligible to be employed in this country? | | | |
| Are you currently employed? | | | Position: _____ |
| Are you currently on "lay-off" status and subject to recall? | | | _____ |
| Are any of your friends or relatives, other than your spouse, currently employed with us? | | | Name: _____ |
| | | | Relationship: _____ |
| | | | _____ |

AVAILABILITY

Date available for work: _____

Work Availability:

Full Time
 Part Time

Morning
 Afternoon
 Evening

Weekdays
 Weekends

EDUCATION: (Proof of degrees obtained from College/University will be required upon hire)

| School: | Name / Address of School: | Course of Study: | Years Completed: | Diploma / Degree: |
|-------------------------|---------------------------|------------------|------------------|-------------------|
| High School/GED | | | | |
| Undergraduate Study | | | | |
| Graduate / Professional | | | | |
| Other (Please Specify) | | | | |

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

PROFESSIONAL DEVELOPMENT

List other licenses, professional registrations, certifications, certificates and professional memberships:

LIST HONORS, AWARDS, FELLOWSHIPS

SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRACURRICULAR ACTIVITIES

JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY

PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

WORK HISTORY:

Start with your present or most recent job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

| | | | |
|-------------------------------------|-----------------|-----|-----------------|
| Employer: | Dates Employed: | | Work Performed: |
| Address: | From: | To: | |
| Phone Number(s): | | | |
| Starting / Present Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving (if applicable): | | | |
| Employer: | Dates Employed: | | Work Performed: |
| Address: | From: | To: | |
| Phone Number(s): | | | |
| Starting / Present Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving (if applicable): | | | |
| Employer: | Dates Employed: | | Work Performed: |
| Address: | From: | To: | |
| Phone Number(s): | | | |
| Starting / Present Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving (if applicable): | | | |

COMMENTS (Include any gaps in employment):

ADDITIONAL INFORMATION (Other special job related skills and qualifications):

Empty box for additional information.

PERSONAL / PROFESSIONAL REFERENCES (No family members or past supervisors):

| Name: | Phone Number: | Best Time to Call: | Occupation: |
|-------|---------------|--------------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

CONDITIONS FOR CONSIDERATION OF EMPLOYMENT

I certify that the answers given herein are true and complete. All information contained on the application is subject to verification. The Town of Bowdoinham will conduct background checks including, but not limited to, work references, driving records, criminal background records, and education attainment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Permission is granted and I release from any liability any employer, agency, or individual assisting the Town of Bowdoinham in providing relevant job-related information that will assist in this process. I grant explicit consent to the Town of Bowdoinham to conduct background checks and police record checks. I understand the information provided will not be disclosed to any other organization.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices. When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the application/recruitment process. (ADA of 1991)

I also understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination and/or drug and/or alcohol screen, performed by a qualified medical provider of the Town of Bowdoinham's choice. Such exam shall be paid for by the Town. I also agree that all information concerning said physical examination and/or drug and/or alcohol screen can be supplied to the Town of Bowdoinham or authorized agent upon their request.

I understand that should any statement I have made in this application prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Town employment.

I have read and understand the above "Conditions of Consideration for Employment." Yes No
Please acknowledge by checking the appropriate box.

Print Name: _____

Signature: _____

Date: _____