

**CITY OF OLD TOWN  
150 Brunswick Street  
Old Town, ME 04468  
(207) 827-3965**

**APPLICATION FOR EMPLOYMENT**

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

PLEASE PRINT:

Position(s) applying for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

_____			
Last Name	First Name	Middle Name	
_____			
Address	City	State	Zip Code
_____			
Telephone Number(s)			
_____			
_____			

If you are under 18 years of age, can you provide proof of your eligibility to work?  
 Yes     No     Not Applicable

Are you currently employed?     Yes     No

If yes, where? \_\_\_\_\_

May we contact your present employer?     Yes     No

Are you eligible to be lawfully employed in the U.S.?  Yes  No

(Proof of citizenship or immigration status is required upon employment)

On what date can you begin work? \_\_\_\_\_

Can you work:  Full time  Part time  Shift time  Temporary

Have you been convicted of a felony within the last 7 years?  Yes\*  No

(Conviction will not necessarily disqualify you from employment)

Have you had any motor vehicle violations in the last 5 years?  Yes\*  No

\*If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for the City before?

If yes, when? \_\_\_\_\_

What position? \_\_\_\_\_

\_\_\_\_\_

## **EDUCATION**

	<b>Name/Address of School</b>	<b>Study Course</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				

Describe any job-related training received in the U.S. Military:

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business, or civic activities and offices you have held (Optional):

(You may exclude membership that would reveal your gender, race, religion, national origin, age, ancestry, disability or other protected status)

---

---

---

---

---

---

Other Qualifications or Specialized Training:

---

---

---

---

---

---

Specialized Skills: Indicate Skills/Equipment you have operated. Give details in the space provided below.

Computer                       Office Equipment                       Heavy Equipment  
 Light Equipment                       Radio Dispatch                       Switchboard

Other Skills (please list):

---

---

---

---

---

---

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.\*  
 Yes                                       No

**\*Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

## **EMPLOYMENT EXPERIENCE**

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

(You may attach a separate sheet of paper if you need more space or if you feel you need to explain something about one of the questions). Please feel free to attach a resume, if available.

State any additional information you feel may be helpful to us in considering your application.

---

---

---

---

---

---

## REFERENCES

1. \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

2. \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

3. \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

**APPLICANT'S STATEMENT**

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize the City of Old Town or any of its agents to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. This application will be considered **only** for the position listed and will not automatically be considered for any other position that may occur. Any applicant wishing to be considered for employment beyond this time period or for other vacant positions should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Old Town is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Old Town.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date