

Application for Employment

TOWN OF ELIOT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, sexual orientation, disability, veteran status, or any other characteristic protected under local, state or federal law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First M.I.

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Cell Phone # _____

Position Applied For (Note: a separate application is required for each position posted)

How did you hear of the position? _____

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree/Certification
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		Months Attended		
Other Licenses or Certifications		Length of Program		

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (Mo./Yr.) From: To:	Address/City/State	Beginning salary and last salary	Reason for leaving
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Type of work performed:

Name of Supervisor and contact information:

Employer	Employed (Mo./Yr.) From: To:	Address/City/State	Beginning salary and last salary	Reason for leaving
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Type of work performed:

Name of Supervisor

Employer	Employed (Mo./Yr.) From: To:	Address/City/State	Beginning salary and last salary	Reason for leaving
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Type of work performed:

Name of Supervisor

If you served in the United States Armed Forces, briefly list the dates, rank, and skills acquired:

Personal Information

Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation

Yes No

Are you legally authorized to work in the U.S.?

Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age?

Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

(Note: A conviction does not automatically bar you from employment)

If yes, include details:

Yes No

If required for the position, do you have a clean driving record? (if no, please explain)

Yes No

Please list any special office/software skills: _____

Please list any special equipment skills: _____

Please list any other skills: _____

If hired, when would you be available? _____

What are your salary requirements? _____

References

NAME	HOW THEY KNOW YOU	EMAIL ADDRESS	PHONE NUMBER

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Town shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or me.

Signature _____ Date _____

Completed Applications must be dropped off at the Town Office or mailed to the following address:

Town of Eliot
1333 State Road
Eliot, ME 03903