

# Town of Wiscasset

## Application For Employment

*The town of Wiscasset consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran statue, or any other legally protected status.*

AN EQUAL OPPORTUNITY EMPLOYER  
(Please Print)

Position(s) Applied For \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number (voluntary):  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_ A.M. or P.M.

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ YES  
\_\_\_\_\_ NO

Have you ever filed an application with us before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give date: \_\_\_\_\_

Do any of your friends or relatives work here?

\_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, WHOM \_\_\_\_\_

How Did You Learn  
About Us?

- Advertisement
- Employment Agency
- Relative
- Friend
- Inquiry
- Other



EDUCATION	Name and Address of School	Course of Study	No. of years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job-related training received in the United States military.

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities.

1. Employer: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Hourly Rate/ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employer: \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you need additional space, please continue on a separate sheet of paper.**

<p><b><u>Other Qualifications</u></b> Summarize special job-related skills and qualifications acquired from employment or other experience.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<b>Specialized Skills ( Check Skills/ Equipment Operated)</b>		
_____ Terminal	Production/Mobile Machinery List	Other (list)
_____ PC/ MAC	_____	_____
_____ Typewriter	_____	_____
_____ WPM	_____	_____
_____ Spreadsheet	_____	_____
_____ Word Processing	_____	_____
_____ Shorthand	_____	_____
_____ WPM	_____	_____

**STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_\_\_ YES \_\_\_\_\_ NO

**REFERENCES**

1. Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of 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. Any applicant wishing to be considered for employment beyond this time period 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 this organization 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 acknowledged 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 employer.

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

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position (s) Applied For Is Open: \_\_\_\_\_ YES \_\_\_\_\_ NO

Position (s) Considered

For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview \_\_\_\_\_ YES \_\_\_\_\_ NO

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

Employed \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

Name and Title