

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):
_____-_____-_____

How Did You Learn
About Us?

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

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 _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status (*Proof of citizenship or immigration status will be required upon employment*) YES NO

Date available for work? _____

What is your desired salary range? _____

Are you available to work:

Full time (please indicate 1 2 3 shift)

Part time (please indicate Mornings Afternoons Evenings)

Temporary (please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

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

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.

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.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/ Equipment Operated)		
_____ 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