

Town of Sidney, Maine ~ Application for Employment

Name			Type of Work Desired
Last	First	MI	
Address			Date of Application
City	State	Zip	Home Phone Work/Cell Phone

Please read carefully and complete by printing in ink or typing.

We are an equal employment opportunity employer, and we do not discriminate on the basis of race, religion, national origin, gender, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose. Your complete application form will be maintained in our active file for six (6) months from the date of application. You may submit a new application at any time.

EMPLOYMENT RECORD

Last or present employer	Type of business	Type of job classification	
Street address	Phone Number	Brief description of job duties	
City	State		Zip
Supervisor's Name	Supervisor's Phone Number		
Base Salary \$	Dates Worked: From		
To			
Reason(s) for Leaving			

Last or present employer	Type of business	Type of job classification	
Street address	Phone Number	Brief description of job duties	
City	State		Zip
Supervisor's Name	Supervisor's Phone Number		
Base Salary \$	Dates Worked: From		
To			
Reason(s) for Leaving			

EDUCATION HISTORY

School Name	School Location	Major, Course or Subject	Dates attended		Graduated	Degree
			From	To	Yes / No	
High School						
Technical / Trade						
College (list all attended)						

OUTSIDE ACTIVITIES / HOBBIES

(Exclude activities indicating race, color, religion, gender, national origin, age or handicap)

PROFESSIONAL MEMBERSHIPS, CERTIFICATES, OR LICENSES HELD

EXPERIENCE PERTAINING TO THE POSITION APPLYING FOR

PROFESSIONAL / WORK REFERENCES

List two past supervisors and one person who are not related to you who have knowledge of your qualifications for the position for which you are applying.

Name and Address	Title/ Relationship	Phone Number	Occupation

All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? _____ Yes _____ No

Date of birth (only if under 18 years of age): _____

Have you ever worked or volunteered for the Municipality? _____ Yes _____ No
 If yes, please give dates and departments:

Do you have any relatives employed with the Municipality? _____ Yes _____ No
 If yes, please list:

<u>Name(s)</u>	<u>Division(s)</u>	<u>Relationship(s)</u>

Driver's License No. & State: _____ Class: _____ Expiration: _____

Commercial Driver's License No. & State: _____
 Class: _____
 Endorsements: _____
 Expires: _____

Have you had any traffic convictions or accidents in the last three years? ____ Yes ____ No	
If yes, please list:	
Conviction or Accident	Date
Conviction or Accident	Date
Conviction or Accident	Date

Have you been convicted of any crime? ____ Yes ____ No	
If yes, give details including dates, charges and disposition:	
<p><i>Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.</i></p>	

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the Town's service, if employed. I understand that my employment(s) may be contingent upon receipt of an alien registration number, verification of birth, and other pertinent information bearing upon by employment, and that my continued employment depends upon the will of the Town or myself.

Date: _____ Signature: _____

NOTE: If any of your educational or employment records are under any other names other than the name listed on this application, please provide the other names.

OFFICE USE ONLY	
Date received: _____	Received by: _____