

# EMPLOYMENT APPLICATION

## Town of Boothbay Harbor

11 Howard St.  
Boothbay Harbor, ME 04538  
207-633-3671

The Town of Boothbay Harbor does not discriminate in the operation of its employment policies and will honor all appropriate laws relative to discrimination.

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____				
<b>APPLICANT INFORMATION</b>				
Last Name		First Name	Middle Name	
Address: Number	Street	City	State      Zip	
Telephone Number(s)		Social Security Number (voluntary) -      -		

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_am/pm

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 for the town?     Yes     No  
 If Yes, state name, relationship and location \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?     Yes     No  
*Proof of citizenship or immigration status will be required upon employment.*

**Please answer if you are applying for a position requiring a driver's license:**

Do you have a driver's license?  Yes  No    Class: \_\_\_\_\_ State of issue: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you had any accidents in the past 5 years?  Yes  No

Have you had any moving violations in the past 5 years?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION										
High School							Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College							Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other							Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
CURRENT/PREVIOUS EMPLOYMENT										
Company								Phone	( )	
Address								Supervisor		
Job Title						Starting Salary	\$		Ending Salary	\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company								Phone	( )	
Address								Supervisor		
Job Title						Starting Salary	\$		Ending Salary	\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company								Phone	( )	
Address								Supervisor		
Job Title						Starting Salary	\$		Ending Salary	\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MILITARY SERVICE										
Branch						From		To		
Rank at Discharge						Type of Discharge				
If other than honorable, explain										

**COMMENTS: Include explanation of any gaps in employment.**

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

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

**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.

**ADDITIONAL INFORMATION**

Other qualifications or job-related skills as they pertain to the job for which you are applying.

**SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

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 REQUIREMENTS 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**

Full Name		Relationship	
Company		Phone	(      )
Address			
Full Name		Relationship	
Company		Phone	(      )
Address			
Full Name		Relationship	
Company		Phone	(      )
Address			

**DISCLAIMER AND SIGNATURE**

Please read and sign the following statement:

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the Town of Boothbay Harbor to make all necessary investigations concerning me, my work habits, character or my action in any transaction. I authorize the Town of Boothbay Harbor to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Town of Boothbay Harbor to contact all references listed above and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Signature		Date	
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