

APPLICATION FOR EMPLOYMENT

Town of Phillips
124 Main Street
Phillips, Maine 04966

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Name: Last: _____ First: _____ Middle: _____

Address: _____

Phone: _____ cell: _____ alternate: _____

Position(s) Applied For _____ Date _____

How did you learn about us? Advertisement Employment Agency Friend Relative Other _____

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? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Do you have relatives that work for the Municipality? Yes No

If yes, please list: _____

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

On what date would you be available for work? Date _____

Are you available to work? Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you been convicted of a felony within the past seven years? Yes No *Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EMPLOYMENT EXPERIENCE

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, handicap or other protected status.

Employer		Length of Service
Address		
Phone Numbers		
Job Title	Supervisor	Work Performed
Reason for Leaving		

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----- If you need additional space, please continue on a separate piece of paper. -----

Special Skills and Qualifications Summarize special job related skills and qualifications acquired from employment or other experience.

Education

	Elementary	High	College/University	Graduate/Professional
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study:	_____		_____	_____
Diploma/Degree:	_____		_____	_____

Describe specialized training, Apprenticeship, Skills, Extra- Curricular Activities and Honors received: _____

List computer software with which you are familiar: _____

Approximate typing speed per minute: _____
Fluent in a language other than English: _____

List professional, trade, business or civic activities offices held or leadership roles.
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Have you ever served on active duty in the U.S. Armed Forces: Yes No
Dates:
Branch:
Primary Duties:

References

Please list name, address and phone number of three references who are not related to you and are not previous employers

Name	Address	Phone

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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 application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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 the rules and regulations of the employer.

Signature of Applicant _____

Printed Name: _____

Date _____

Municipality of Phillips

Please provide information below as requested for three (3) employment references:

1. Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

1. Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

1. Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

I, _____, request and authorize the individuals/employers listed above to furnish the Municipality of Phillips with information concerning my employment history, personal character, work habits, job performance, reasons for my departure from employment and related information. I hereby specifically release said individuals/employers from any liability for any statements made in fully responding to inquiries by The Town of Phillips

Applicant Signature: _____

Applicant Name (please print): _____

Date: _____