

# 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.

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**Education**

	<b>Elementary</b>	<b>High</b>	<b>College/University</b>	<b>Graduate/Professional</b>
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.

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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
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<hr/>		
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**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: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_