**Town of Boothbay Harbor**

Employment Application

11 Howard St.

Boothbay Harbor, ME 04538

207-633-3671

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

***(PLEASE PRINT)***

|  |  |
| --- | --- |
| Position(s) Applied For | Date of Application |
| How Did You Learn About Us?□ Advertisement □ Employment Agency □ Friend □ Relative □ Inquiry □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant Information |
| Last Name First Name Middle Name |
| Address: Number Street City State Zip |
| Telephone Number(s) E-Mail Address  |

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 relatives, other than spouse, work here? [ ] Yes [ ] No

If Yes, state name, relationship and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No

May we contact your present employer? [ ] Yes [ ] No

Are you legally authorized to work in the U.S.? [ ] Yes [ ] No

 *Proof of citizenship or immigration status will be required upon employment*

Have you ever been convicted of a crime? [ ] Yes [ ] No If Yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(a conviction does not necessarily preclude employment)

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

Are you available to work: [ ] Full Time

 [ ] Part Time (Please indicate Mornings Afternoons Evenings)

 [ ] Temporary (Please indicate dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_ )

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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| --- |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Previous Employment |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Military Service |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |

|  |
| --- |
| **cOMMENTS: include explanation of any gaps in employment.** |
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|  |
| **Describe any specialized training, apprenticeship skills and extra-curricular activities.** |
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|  |
| **Describe any job-related training received in the Untied States military.** |
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|  |
| **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: |
|  |
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|  |
| **additional information** |
| Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience. |
|  |
|  |
| **specialized skills (skills/equipment operated)** |
|   \_\_\_\_ Terminal \_\_\_\_ Spreadsheet \_\_\_\_ PC/MAC \_\_\_\_ Word Processing \_\_\_\_ Typewriter \_\_\_\_ Shorthand  WPM \_\_\_\_\_ WPM \_\_\_\_\_  |  Production/Mobile Machinery (list) Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 |

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| --- |
| References |
| Please list three professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Disclaimer and Signature |
| I certify that the facts contained in this application are true and complete to the best of my knowledge.  I understand that if I am employed, any false statements on this application may be grounds for dismissal.I authorize investigation of all statements contained in this application.  I also grant permission 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 and without prior notice. |
| Signature |  | Date |  |