

The City of Old Town



Application for Employment

City of Old Town
265 Main Street
Old Town ME 04468
(207)827-3965

"We are an equal opportunity employer and service provider"

Instructions:

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information be accurate in all respects.

- Your application should be printed legibly in blue or black ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the application. Be sure to reference the relevant section and question number before continuing your answer.
- Application of Employment. This needs to be filled out completely and legibly (resume can be included but not in lieu of the application).

Benefit Package:

- Competitive pay scale
- Maine State Retirement
- ICMA Retirement
- Health Insurance
- Dental Insurance
- Disability Insurance
- Annual Vacation Leave
- Sick Leave
- Holiday Pay
- Comp-time
- Educational Incentive
- Longevity

City of Old Town

APPLICATION FOR EMPLOYMENT

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

PLEASE PRINT/TYPE:

Position(s) applying for: _____ Date of Application _____

_____ Last Name First Name Middle

_____ Street Address City State Zip Code

_____ Telephone Number Email Address

Are you currently employed? Yes No If yes, where? _____

May we contact your present employer? Yes No

Are you eligible to be lawfully employed in the U.S.? Yes No

On what date could you begin work? _____

Have you filed an application here before? Yes No When _____

Have you ever worked for the City before? Yes No When _____

Can you work (circle all that apply): Full Time Part Time

Have you had any motor vehicle violations in the last 5 years? Yes No

Education:

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4 5+
Diploma/Degree				
Course of Study				
Specialized Training				

Veteran of the US Military Yes No If yes, what branch and rank: _____

Describe any job-related training received in the US Military:

Qualifications and Specialized Training

Employment Experience

From _____ To _____ Employer _____

Address _____

Phone # _____ Job Title _____

Supervisor _____ Job Title _____

Reason for Leaving _____

From _____ To _____ Employer _____

Address _____

Phone # _____

Job Title _____

Supervisor _____

Job Title _____

Reason for Leaving _____

From _____ To _____ Employer _____

Address _____

Phone # _____

Job Title _____

Supervisor _____

Job Title _____

Reason for Leaving _____

You may attach a separate sheet of paper if you need more space or if you feel you need to explain something about one of the other questions. Please feel free to attach a resume, if available.

State any additional information you feel may be helpful to us considering your application.

References:

Name

Phone

Name

Phone

Name

Phone

Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize the City of Old Town or any of its agents to investigate 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. This application will be considered **only** for the position listed and will not automatically be considered for any other position that may occur. Any applicant wishing to be considered for employment beyond this time period or for the other vacant positions should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Old Town is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event 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 rules and regulations of the City of Old Town.

Signature of Applicant

Date