



## Application for Employment

*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) applying for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us?

Advertisement    Friend    Inquiry    Relative    Web Site    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

When is the best time to contact you at home? \_\_\_\_\_

	YES	NO	COMMENTS:
Have you ever filled out an application with us before?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Date: _____
Have you ever been employed with us before?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Date: _____
Are any of your friends or relatives, other than your spouse, currently employed with us?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Relationship: _____ Position: _____
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you eligible to be employed in this country?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date available for work: \_\_\_\_\_ Desired Wages: \_\_\_\_\_

Work Availability:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Morning	<input type="checkbox"/> Weekdays
<input type="checkbox"/> Part Time	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Weekends
	<input type="checkbox"/> Evening	

**EDUCATION:**

School:	Name / Address of School:	Course of Study:	Years Completed:	Diploma / Degree:
High School				
Undergraduate Study				
Graduate / Professional				
Other (Please Specify)				

**SPECIALIZED SKILLS (Skills / Equipment Operated):**

PC / Mac   
  Spreadsheet   
  Word Processing   
  Typewriter WPM \_\_\_\_\_   
  Shorthand WPM \_\_\_\_\_

Production / Mobile Machinery (Please List): \_\_\_\_\_

Other (Please List): \_\_\_\_\_

**VEHICLE OPERATION INFORMATION:**

	YES	NO	COMMENTS:
Do you hold a current motor vehicle operator's license?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain: _____ _____ _____ _____
Has your license ever been suspended?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of any violation of law (including motor vehicle)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had any accidents resulting in personal injury or serious property damage?	<input type="checkbox"/>	<input type="checkbox"/>	

**Note: 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 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

**PERSONAL / PROFESSIONAL REFERENCES (No family members or past supervisors):**

Name:	Phone Number:	Best Time to Call:	Occupation:
1.			
2.			
3.			

**WORK HISTORY:**

Start with your present or most recent job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Dates Employed:		Work Performed:
Address:	From:	To:	
Phone Number(s):			
Starting / Present Job Title:	Hourly Wage / Salary:		
Supervisor:	Starting:	Final:	
Reason for leaving (if applicable):			
Employer:	Dates Employed:		Work Performed:
Address:	From:	To:	
Phone Number(s):			
Starting / Present Job Title:	Hourly Wage / Salary:		
Supervisor:	Starting:	Final:	
Reason for leaving (if applicable):			
Employer:	Dates Employed:		Work Performed:
Address:	From:	To:	
Phone Number(s):			
Starting / Present Job Title:	Hourly Wage / Salary:		
Supervisor:	Starting:	Final:	
Reason for leaving (if applicable):			

**COMMENTS (Include any gaps in employment):**

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**SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRACURRICULAR ACTIVITIES**

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**JOB RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:**

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**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 special job related skills and qualifications):**

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**ADDITIONAL INFORMATION (Other special job related skills and qualifications):**

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that should any statement I have made in this application prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Town employment.

I grant explicit consent to the Town of Waldoboro to conduct background checks and police record checks. I understand the information provided will not be disclosed to any other organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date