

**TOWN OF BERWICK
P.O. BOX 696
BERWICK, ME 03901
207-698-1101**

APPLICATION FOR EMPLOYMENT

NOTE: Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the existence of a medical condition or handicap. Please type or print all information requested. An application not properly filled out may be rejected or returned for correction. A resume may be attached to this application.

Date of Application _____

Position(s) Applied for: _____

Referral Source: Advertisement Friend Relative Agency Other

Name: _____
Last First Middle

Current Address: _____
Number Street POB City/Town State Zip

Telephone: House: (____) _____ Cell: (____) _____ Social Security #: ____ - ____ - _____

If the above is a temporary address please list your permanent address and telephone number:

Have you filed an application with this Town before? Yes No

If yes, give date(s) _____

Have you ever been employed here before? Yes No

If yes, give date(s) _____

If employed and if one is required, can you furnish a valid work permit? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you on a lay-off and subject to recall? Yes No

Are you a citizen of the United States? Yes No If naturalized, give date and place of naturalization: _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? Yes No (Proof of citizenship or immigration status will be required upon employment)

Are you able to work: Full-Time Part-time Shift Temporary

On what date would you be available for work? _____

Can you type? Yes No Can you operate a computer? Yes No

Are you willing to travel if the job requires it? Yes No

Do you have a valid Maine driver's license? Yes ____ No ____
License # _____ Class _____

Have you been convicted of any motor vehicle violations other than parking tickets in the last five years?
Yes ____ No ____ If yes, provide details _____

Have you ever been convicted of a crime? Yes ____ No ____ If yes, provide details _____

Name, address, and telephone number of person to be notified in case of an emergency: _____

Can you perform the essential and nonessential functions of the position for which you are applying with or without reasonable accommodation? Yes ____ No ____

Can you speak a foreign language? Yes ____ No ____ If yes, which one(s)? _____

List any professional, trade, business or civic activities and offices held: _____

List name, address and telephone number of three (3) references who are not related to you and who are not former employers:

Are you a veteran of the U.S. Military Service? Yes ____ No ____ If yes, list Branch of service, highest rank attained, and type of discharge: _____

EMPLOYMENT EXPERIENCE

Starting with your present or most recent job, list your employment experience. Include military service time and volunteer activities.

1. Employer: _____ From: _____ To: _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

2. Employer: _____ From: _____ To: _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

3. Employer: _____ From: _____ To: _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

4. Employer: _____ From: _____ To: _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

5. Employer: _____ From: _____ To: _____

Address & Telephone Number: _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special skills and qualifications acquired from prior employment, training or other experiences:

EDUCATIONAL BACKGROUND

Elementary School: _____

Years Completed: _____

High School: _____

Years Completed: _____

College/University: _____ Degree: _____

Graduate/Professional: _____

Course of Study: _____

Specialized Training, Certifications, Apprenticeship, etc.: _____

Honors/Awards Received: _____

AGREEMENT

I hereby 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 to arrive at an employment decision and I waive my rights under the Federal Privacy Act or any other relevant laws for this purpose. I understand that this application is not and is not intended to be a contract of employment. I understand that I may be asked to submit to a physical examination (required of positions in certain departments) the cost of which will be paid for by the town.

In the event of employment by the Town, I understand that false or misleading information given in this application or interview(s) may result in discharge. I also understand that if I am hired, I will be required to abide by all the applicable rules and regulations pertaining to employees of the Town of Berwick.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE

Date of Interview: _____

Remarks: _____

Date of Employment: _____ Position/Job Title: _____ Wage: _____

Immigration Form Attached: Yes ___ No ___

Name of Hiring Authority

Date