



IMPORTANT NOTE:
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1600 Atlantic Highway, PO Box J
Waldoboro, ME 04572
Phone: (207) 832-5369
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Employment Application

The Town of Waldoboro considers applicants for all positions without regard to race, color, religion, creed, sex (including pregnancy), national origin, age, physical or mental disabilities, sexual orientation, gender identity, gender expression, genetic information, or any other basis protected by federal, state, and/or local law.

Resumes may be attached, but will not be accepted in lieu of a completed application.

Position Data			
Position Applied For:			Date available for employment:
How did you learn about us?	<input type="checkbox"/> Town Website	<input type="checkbox"/> Indeed	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Social Media		<input type="checkbox"/> Other

Personal Data			
Last Name:	_____	First Name:	_____
		Middle:	_____
Address:	_____		
City:	_____	State:	_____
		Zip:	_____
Phone #:	_____	Cell #:	_____
		E-mail:	_____
Have you ever worked or volunteered for the Municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Department: _____
Do you have any relatives employed with the Municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name: _____
Driver's License :	State: _____	Number: _____	Class: _____
			Expiration: _____
Do you have the legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proof of citizenship or immigration status will be required upon employment.
If you are under 18 and it is required, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, please explain: _____

Note: In answering the following questions, you acknowledge that you are informed about, and understand, the requirements of the job for which you are applying.

Do you have the full physical, mental, emotional, and medical ability to do the job for which you have applied?
 Yes No If not, please explain: _____

Can you perform the duties of the job applied for with or without accommodation? Yes No

If you need a reasonable accommodation to do the job for which you have applied, please explain: _____

Have you ever been disciplined or discharged for harassment, insubordination, threats, violence, willful damage to property, theft, or a violation of policy that resulted in more than a verbal or written warning? Yes No

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the incident, seriousness and nature of the claim, and outcome of the disciplinary process will be taken into account.

If yes, please provide date(s) and details: _____

Education

Did you graduate from High School or do you have a G.E.D? Yes No

Name of School, College, or University	Major	Credit Hours	Diploma/Degree*

Name of Trade/Technical/Business/Other Schools	Course of Study	Credit Hours	Diploma/ Degree*

** Proof of degrees obtained from College/University will be required upon hire.*

List Other licenses, professional registrations, certifications, certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Fluent in a language other than English: Yes No Speak Read Write

Language(s):

Please summarize relevant skills and experience that exemplify your qualifications for the position you are seeking:

Tools and machines you can use and operate:

Light or heavy motor vehicle equipment you can operate:

Summarize Volunteer Services work including dates:

Summarize Leadership Roles:

Employment History

Current or most recent employer: _____ Phone: _____

Address: _____ Your Title: _____

Supervisor Name & Title: _____ Supervisor E-mail: _____

Employment Dates: From: _____ To: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Employer: _____ Phone: _____

Address: _____ Your Title: _____

Supervisor Name & Title: _____ Supervisor E-mail: _____

Employment Dates: From: _____ To: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Employer: _____ Phone: _____

Address: _____ Your Title: _____

Supervisor Name & Title: _____ Supervisor E-mail: _____

Employment Dates: From: _____ To: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Military Service

Have you ever served on active duty in the U.S. Armed Forces? Yes No Branch: _____

Primary Duties: _____

References

List names and contact information of a minimum of three work references who are *not* related to you and a minimum of one personal reference. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship	Phone	E-mail	Yrs. Known

Conditions of Consideration for Employment

All information contained on the application is subject to verification. The Town of Waldoboro will conduct background checks including, but not limited to, work references, driving records, criminal background records and education attainment.

I understand an employment offer is also contingent upon successful review of work references, and satisfactory result of a background check. Certain positions are also conditioned on the successful completion of agility tests or skill evaluation and other appropriate investigations.

I also understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination and/or drug and/or alcohol screen, performed by a qualified medical provider of the Town of Waldoboro's choice. Such exam shall be paid for by the Town of Waldoboro. I also agree that all information concerning said physical examination and/or drug and/or alcohol screen; can be supplied to the Town of Waldoboro, or an authorized agent of this municipality, upon their request.

I further understand that certain positions with the municipality may require the applicant to be eligible for bonding. In such instances, eligibility for bonding will be a consideration in determining an applicant's fitness for such position.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices. When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the application/recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that missions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Waldoboro and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service.

In addition, I give the Town of Waldoboro the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Waldoboro in providing relevant, job related information that will assist in this process.

I have read and understand the above "Conditions of Consideration for Employment." Yes No
Please acknowledge by checking the appropriate box.

Print Name: _____

Signature: _____

Date: _____