



# Town of Long Island Maine

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If naturalized, state date & place \_\_\_\_\_

E-mail Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of dependents at home \_\_\_\_\_

Are you over the age of 18?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

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

Do you possess a valid driver's license?  Yes  No If yes, what class? \_\_\_\_\_

Are you available to work  Full-Time  Part-Time  Shift Work  Temporary

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

On what date would you be available for work? \_\_\_\_\_

Have you been charged with or convicted of a crime within the last 7 years?  Yes  No

If yes, please explain \_\_\_\_\_

Name and address of person to be notified in case of emergency \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service? \_\_\_\_ Yes \_\_\_\_ No If yes, Branch \_\_\_\_\_

Are you able to perform the duties of this job with or without a reasonable accommodation?

\_\_\_\_ Yes \_\_\_\_ No

If you need an accommodation, please explain \_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate: \_\_\_\_\_

Indicate what foreign languages you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held (exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

\_\_\_\_\_

Give name, address and telephone number of three references who are not related to you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex or national origin.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

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Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

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## EDUCATION

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ NO

College/University: \_\_\_\_\_ Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ NO

Graduate/Professional: \_\_\_\_\_ Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ NO

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors Received: \_\_\_\_\_

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

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## Agreement

I 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 in arriving at an employment decision.

In the event of 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 Employer.

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

\_\_\_\_\_  
Date

### **For Personnel Department Use Only**

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date