

Town of Lubec

40 School Street
Lubec, ME 04652
207.733.2341

Application For Employment

(Please Print)

Position(s) Applied For		Date of Application			
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	Last Name	First Name	Middle Name		
	Address				City
	Telephone Number(s)		Social Security Number		
	Home	Cell			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Have you ever filed an application with us before? If yes, give date _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

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

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No
 If Yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1)

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

2)

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

3)

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with the "Town of Lubec" 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 that 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 the Town of Lubec.

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

Remarks _____

Interviewer

Date

Employed ___ Yes ___ No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for is Open: ___ Yes ___ No

Position(s) Considered For: _____

Date _____

NOTES: