

APPLICATION FOR EMPLOYMENT

Town of Machias

The Town of Machias considers all 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) Applied for: _____

Date of Application: _____

How did you learn of this vacancy?

___ Advertisement

___ Relative

___ Inquiry

___ Employment Agency

___ Friend

Last Name

First Name

Middle Initial

Address

City

State

Zip

Telephone Number

Best time to contact you at home is: _____

If you are under age 18 years of age, can you provide required proof your eligibility to work?

___ Yes

___ No

Have you ever filed an application with the Town of Machias before?

___ Yes

___ No

If yes, give date: _____

Have you ever been employed by the Town of Machias before?

___ Yes

___ No

If yes, give date: _____

Do any of your friends or relatives work for the Town of Machias?

___ Yes

___ No

Are you currently employed?

___ Yes

___ No

May we contact your present employer?

___ Yes

___ No

Are you prevented from becoming lawfully employed in this country because of VISA or Immigration Status?

___ Yes

___ No

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

Are you available to work: ___ Full-Time ___ Part-Time ___ Temporary ___ On-Call

What shift are you available: ___ First ___ Second ___ Third ___ Weekends

Date Available to start: _____

Desired Salary Range: _____

Are you currently on lay-off status and subject to recall?

___ Yes

___ No

THE TOWN OF MACHIAS IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Describe any specialized training, certification, skills, and apprenticeship. Please attach copies of certification certificates.

Describe any job-related training received in the United States military.

List 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.

EMPLOYMENT EXPERIENCE (Start with present or last position.)

Employer: _____ Address: _____
Employer's Telephone Number: _____ Supervisor: _____
Dates Employed: _____ Hourly/Salary Rate: _____
Job Title: _____ Reason for Leaving: _____
Work Performed: _____

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Job Title: _____ Reason for Leaving: _____
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The above is a complete list of the employers I have had in the past 7 years.

Signature: _____

Date: _____

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

REFERENCES:

Please list 3 employment references. Do not include relatives.

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Please list personal references below.

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Have you ever been convicted of a felony? Yes No

If yes, nature of conviction: _____ Date: _____

Are you able to be bonded for insurance purposes? Yes No

I certify that all the answers given herein are true and correct. 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 365 days. Any applicant wishing to be considered beyond this time frame should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the 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 an authorized executive of this organization specifically acknowledges such change in writing.

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