

Town of Islesboro
Equal Opportunity Employer

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position applied for: _____ Date of application: _____

How did you learn about us? Advertisement Friend Walk In
 Employment Agency Relative Other

LAST NAME: FIRST NAME: MIDDLE INITIAL:

ADDRESS: Street, City/Town, State, Zip Code

TELEPHONE NUMBER (Home) TELEPHONE NUMBER (Cell)

If necessary, best time to call you at home is _____

If you are under 18 years of age, can you furnish a work permit? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

Are you legally eligible for employment in this country? 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 Shift Work Temporary

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

The Town of Islesboro is a smoke free workplace. If hired, do you agree to abide by this workplace policy? Yes No

Do you have a relative working for the Town of Islesboro? Yes No
If yes, name of relative and relationship _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide dates & details _____
(Answering "yes" does not constitute automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

EDUCATION:

	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location			
Years Completed			
Diploma/Degree			
Describe course of study			
Describe any honors you have received			

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

List any professional, trade, business, or civic activities and office held.
You may exclude memberships that would reveal sex, race, color, religion, national origin, age, ancestry, disability or other protected status.

What computer software (word processing, spreadsheet, database) can you use?

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

REFERENCES:

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

1. _____
2. _____
3. _____

Have you reviewed the job description for the position for which you are applying? Yes No
If so, are you able to perform the specific job requirements, including any physical requirements of the job? Yes No
If a driver's license is needed for the job, have you attached a current copy of your driving record? Yes No

ADDITIONAL INFORMATION:

List any additional information you would like us to consider.

EMPLOYMENT HISTORY:

Start with your present or last job. Include any job related military service assignments and volunteer activities. Under "Description of Duties" list kind of work, responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed.

If you possess a resume, print "See Resume" in this section and attach it to application.

Employer _____ Telephone _____

Address _____

Job Title: _____ Immediate Supervisor: _____

Description of Duties:

Reason for Leaving _____

Start Date _____ End Date _____ Ending Wage _____

May we contact for reference? Yes _____ No _____

Employer _____ Telephone _____

Address _____

Job Title: _____ Immediate Supervisor: _____

Description of Duties:

Reason for Leaving _____

Start Date _____ End Date _____ Ending Wage _____

May we contact for reference? Yes _____ No _____

Employer _____ Telephone _____

Address _____

Job Title: _____ Immediate Supervisor: _____

Description of Duties:

Reason for Leaving _____

Start Date _____ End Date _____ Ending Wage _____

May we contact for reference? Yes _____ No _____

Please use this space to provide any comments, including an explanation of any gaps in employment

APPLICANT'S STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the Town of Islesboro is true, complete and accurate to the best of my knowledge. I understand that any false or misleading information provided by me on the application (and any accompanying resume or other paperwork) or in an interview, or any omission of requested information, may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that the filing of an application does not guarantee employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that certain positions with the Town of Islesboro 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.

I understand that this application along with any resume and letters/notes of reference, other than those letters and notes of reference I expressly submit in confidence, become a public document should I be hired by the Town of Islesboro. As a result, I understand that the Town of Islesboro cannot guarantee me its confidentiality.

I understand that that all job offers are contingent upon: (1) Satisfactory completion of a background check (which may include a credit check); (2) Pre-employment medical exam at the Town of Islesboro's expense, if a requirement of the position; and (3) Pre-employment alcohol/drug screening, if a requirement of the position. I agree to provide any information and authorizations necessary to complete these background checks, medical exams and/or alcohol/drug tests.

I understand, if hired, that I am required to abide by all rules and regulations of the Town of Islesboro.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant's Statement.

Signature of Applicant

Date

Upon completion, mail this application to:

Town of Islesboro
Attention: Town Clerk
P.O. Box 76
Islesboro, ME 04848
Tel: 207-734-2253