

TOWN OF STANDISH: 175 Northeast Rd. Standish, ME 04084 (207) 642-3461 Email: tpinkham@standish.org

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the Town of Standish to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonified occupational qualification as allowed by the Civil Rights Act of 1964. *An Equal Opportunity / Affirmative Action Employer*

GENERAL INFORMATION & INSTRUCTIONS

<u>Instructions to applicants</u>: (1) Print clearly in black or blue ink or in electronic format. (2) Answer each question clearly and completely. (3) All statements are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper. (4) "See resume" is not acceptable in any field.

I. Applicant Information						
Position Applying for:			Date of Ap	plication:		
Last Name:	First Name	::	M.I			
Legal Address:	City:		State:	Zip:		
Mailing Address:	City:		State:	Zip:		
Home Phone: Cell Ph	none:	Email: _				
Do you have a valid driver's license? YES NO (Please list all licenses you possess that are relative to the position you seek). A valid license is a condition of employment, where required. Driver's License #: State: Exp. Date: What other valid licenses or certifications do you possess (job related)?						
How did you hear about this position? Advertisement Other_	Website	Employee		Friend		
II. Personal Information						
YES NO Is there a current town employee who could serve as a character reference for you?						
If yes, specify name and relationship:						

Have you ever	been em	ployed by	the Tow	n of Standish?	YES	NO	If Yes, pleas	e provide dates:	
Are you curren	itly empl	oyed?	YES	NO					
•	•			-	-			bor provisions rega required, depending	rding employment of g upon your age.
Are you legally	eligible [·]	for emplo	yment in	this country?	YES		NO		
If applying for	a season	al position	, what is	the first and la	st day you	u are	available to v	work?	
including those re "Immediate family employed as regul confidence in thei	lated to yo y" is define lar or conti r governm	our immediated as a spous ract employeent and its h	e family by e, child, pa ees, or electiring proces	marriage, who are rent, and sibling. In ted officials. This " ss. This disclosure	e employed nclude thos sunshine di will not be u	by the e emp sclosui used to	e Town. You are loyed in all brar re" is intended to exclude any qu	iches of town governi	e the information below. ment; and those zens of our town have ful king a position from
Relative Name	:			Relationship	o:		De	ept/Tiltle:	
								ept/Tiltle:	
Name and loca	ation of (College/Vo	ocational O Deg	School attende	ed:		N		
IV. Emplo	ymen	t Histo	ry						
MOST RECENT	FMPI ()	/FR·							
From		Job Tit	le						
То		Employ	er						
Address of Employer									
Duties of Pos	ition:								
Supervisor's I	Name								
& Title									
Reason for								May we	
Leaving?								contact?	

PREVIOL	12 FINILIOAEK	•				
From		Job Title				
То		Employer				
Addres						
Employ						
Duties	of Position:					
Supervi & Title	isor's Name					
Reason	for				May we	
Leaving					contact?	
	JS EMPLOYER	:				,I
From		Job Title				
То		Employer				
Addres						
	of Position:					
Supervi	isor's Name					
& Title	_				1	
Reason Leaving					May we contact?	
Leaving	<u>;</u>				contact:	
V. Ex	perience a	and Intere	ests			
What ex	periences have	e you had to p	repare you specifi	cally for the job for which	you are applying?	
·	,	,		,	, , , , ,	
VI Re	eferences					
		inacs/work rafa	roncos that are not	related to you. If not applica	abla list three persons	I references that are
not relate		illess/ work rele	rences that are not	related to you. If flot applica	able, list tillee persona	Treferences that are
Name			Phone #		How long have you	known?
Describ	l e how you kno	ow this persor	l 1?			I
Name			Phone #		How long have you	known?
Describ	l e how you kno	ow this persor	l 1?			
220						
	T			1		
Name			Phone #		How long have you	known?
Describ	e how you kno	ow this persor	1?			

Applicant Statement

I certify that all information I have provided, to apply for and secure work with the Town of Standish, is true, complete and correct to the best of my knowledge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Town of Standish's employment whenever it is discovered.

I expressly authorize the Town of Standish, it's representatives, employees or agents, to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Town of Standish, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation for furnishing such information about me.

I understand that the Town of Standish does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If employed by the Town of Standish, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Standish is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision. 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.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Applicant Name (please print):						
Signature:			Date:			
For Office Use Only						
Date Received:	_ Interview Scheduled:		Background Check:			
Hired:	_ Not Hired:	_Position: _				