Town of Porter

Selectmen’s Office

71 Main Street

Porter, Maine 04068

Phone: 207-625-8344

Fax: 207-625-4120

Web: www.portermaine.org

**EMPLOYMENT APPLICATION**

**WE ARE AN EQUAL OPPORTINITY EMPLOYER**

**Position Desired**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Last Name First Name Middle Name** |
| **Address:**  **Number Street City/Town State Zip Code** |
| **Telephone #:**  **Home Cell/Work Email Address** |

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

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

Have you been convicted of a crime, other than a minor traffic violation? Yes No

If yes, please explain. An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment Experience:**

|  |  |  |
| --- | --- | --- |
| **Employer** | **Dates Employed**  **( from – to )** | **Work Performed** |
| **Address** |  |  |
| **Job Title Supervisor** | **Hourly rate/Salary** |  |
| **Phone Number (s)** |  |  |
| **Reason for leaving** |  |  |
| **Employer** | **Dates Employed**  **( from – to )** | **Work Performed** |
| **Address** |  |  |
| **Job Title Supervisor** | **Hourly rate/Salary** |  |
| **Phone Number (s)** |  |  |
| **Reason for leaving** |  |  |
| **Employer** | **Dates Employed**  **( from – to )** | **Work Performed** |
| **Address** |  |  |
| **Job Title Supervisor** | **Hourly rate/Salary** |  |
| **Phone Number (s)** |  |  |
| **Reason for leaving** |  |  |

**List professional, trade, business, or civic activities and offices held.**

You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

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

(If you need addition space, please continue on a separate sheet of paper.)

**Education:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name and address of school** | **Course or major** | **Date Graduated** | **Diploma/Degree** |
| **High School** |  |  |  |  |
| **Undergraduate College** |  |  |  |  |
| **Graduate College** |  |  |  |  |
| **Other (specify)** |  |  |  |  |

Describe any specialized training, apprenticeship, skills and extracurricular activities which would prepare you for this position.

**Office Equipment and Computer Programs:**

|  |
| --- |
| **What software can you use?** |
| **Word processing:** |
| **Spreadsheet?** |
| **Database?** |
| **Other?** |
| **What business machines can you operate?** |
|  |
|  |

**References:**

|  |  |
| --- | --- |
| **Name and Address** | **Phone #** |
|  |  |
|  |  |
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| --- |
| I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any false or misleading information given in my application or interview, or any omission of requested information, may disqualify me for further consideration for employment and may be considered justification for dismissal at a later date.  I understand the filing of an application does not guarantee employment. I will be expected to meet the established standards which will include satisfactory references, the ability to perform the position requirements and the satisfactory performance thereof.  I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability or responsibility the Town of Porter or its agents for requesting and all persons, companies, and corporations, for supplying such information.  I hereby acknowledge that I have read, understand and accept the above conditions.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |