

Application for Employment

11/05

Town of Camden

29 Elm Street P.O. Box 1207 - Camden, Maine 04843
(207) 236-3353 -- FAX (207) 236-7956

Name _____ Date of Application ____ / ____ / ____

Address _____
Last First Middle Initial

Home Phone # (____) _____ Street City State Zip Code
Work Phone # (____) _____ Cell Phone#(____) _____

Email Address: _____ Social Security #: _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

If you are under 18, and it is required, can you furnish a work permit? _____ Yes _____ No

Were you previously employed by us? _____ Yes _____ No If yes, when? _____

Position(s) applied for _____

Date available for work _____ Type of employment desired: Full Time _____ Part Time _____ Seasonal _____

Have you been convicted of a crime in the last seven (7) years? _____ Yes _____ No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

Driver's license number _____ State _____

Skills and Qualifications

Summarize any 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. _____

Educational Background

<u>Name and Location</u>	<u>Highest Grade Completed</u>		<u>Course of Study</u>
High School			
College	Major	Degree	
Other			

Employment History

(List your last four (4) employers, assignments or volunteer activities, starting with the most recent.)

From	To	Employer	Tel #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary: Start \$ _____ per _____ Final \$ _____ per	

Employment History (continued)

From	To	Employer	Tel #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Tel #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
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From	To	Employer	Tel #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____	

References (Not relatives)

Name	Address	Phone #

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment except as may be required or permitted by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date _____ / _____ / _____