

Date: \_\_\_\_\_

Application No. \_\_\_\_\_

## THE TOWN OF WINTHROP, MAINE

An Equal Opportunity Employer

### APPLICATION FOR EMPLOYMENT

THE TOWN OF WINTHROP will provide equal opportunity to all persons without regard to age, race, religion, ancestry, color, sex, sexual orientation, national origin, or physical/mental disability in hiring, placement, promotion, salary determination, or other conditions of employment.

---

---

#### PERSONAL INFORMATION

---

---

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. (day) \_\_\_\_\_ (eve) \_\_\_\_\_ SS# \_\_\_\_\_

Are you under 18 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

---

---

Have you ever been employed with us? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state year(s) of employment and positions held, and your name while employed, if different from your present name.

Year(s): \_\_\_\_\_ Position(s) \_\_\_\_\_ Name: \_\_\_\_\_

Year(s): \_\_\_\_\_ Position(s) \_\_\_\_\_ Name: \_\_\_\_\_

---

---

Which of the following locations are you interested in working at? List in order of preference.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

---

---

What position are you applying for? \_\_\_\_\_

Date available to start work. \_\_\_\_\_

---

---

Are you capable of performing the essential functions of the position for which you are applying with or without an accommodation? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Identify any accommodation that would be required.

---

---

**EMPLOYMENT HISTORY:** Starting with PRESENT or MOST RECENT, list all previous employers. Please include self-employment, summer, and part-time jobs. In **addition** to completing the following information, a current résumé may be submitted with this application.

Employer	Dates Employed		Hourly rate/salary	
Address	From	To	Starting	Final
Telephone Number				
Job Title	Supervisor			
Describe work performed	Reason for leaving			

  

Employer	Dates Employed		Hourly rate/salary	
Address	From	To	Starting	Final
Telephone Number				
Job Title	Supervisor			
Describe work performed	Reason for leaving			

  

Employer	Dates Employed		Hourly rate/salary	
Address	From	To	Starting	Final
Telephone Number				
Job Title	Supervisor			
Describe work performed	Reason for leaving			

  

Employer	Dates Employed		Hourly rate/salary	
Address	From	To	Starting	Final
Telephone Number				
Job Title	Supervisor			
Describe work performed	Reason for leaving			

If currently employed, why do you desire to change your position? \_\_\_\_\_

May we contact your present employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide name and phone number of contact. \_\_\_\_\_

---

---

## SKILLS

---

---

**SPECIAL SKILLS:** Check the types of skills in which you have had training or experience:

_____ Personal Computer	_____ Data Entry Machine	_____ Calculator
_____ Word Processor	_____ Stenographic Machine	_____ Fax Machine
_____ Copy Machine	_____ Foreign Language	_____ Typing

Which computer programs do you have training on or experience with?

_____ Microsoft Word, Version _____	_____ Windows 95
_____ WordPerfect, Version _____	_____ Microsoft Exchange
_____ Microsoft Outlook	_____ Microsoft Power Point
_____ Microsoft Excel	Others: _____

Describe any other special skills, qualifications and training that may be helpful to us in considering your application:

---

---

---

---

---

## REFERENCES

---

---

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Conviction will not automatically disqualify you from employment, but will be considered in relation to specific job requirements.)

If yes, please explain: \_\_\_\_\_

---

---

---

## EDUCATION

School name and location	High School				Undergraduate College/Univ./Vocational				Graduate or Professional			
Years Completed (please circle)	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe course of study and list major												

What encouraged you to apply for a position with the TOWN OF WINTHROP?

Company reputation \_\_\_\_\_

Newspaper ad \_\_\_\_\_

Friend/relative \_\_\_\_\_

Employment Agency \_\_\_\_\_

Other \_\_\_\_\_

Company employee \_\_\_\_\_

In order to conduct an investigation of your past education and employment activities as well personal history that is job related, should we be made aware of any other name that you previously used? Yes: \_\_\_\_ No: \_\_\_\_

If yes, identify name(s) and relevant dates. \_\_\_\_\_

### APPLICANT'S CERTIFICATION AND AGREEMENT

I voluntarily give the TOWN OF WINTHROP the right to make a thorough investigation of my past education and employment activities as well as medical or personal history that is job related. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information.

I consent to taking any physical examination, medical or drug tests which may be required by the TOWN OF WINTHROP, upon receiving a conditional offer of employment or in the future, in order to determine my ability to perform job duties. I agree to wear or use protective clothing or devices as required by the TOWN OF WINTHROP and to comply with all safety rules.

I understand that if I accept employment at the TOWN OF WINTHROP I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, expressed or implied, for continued employment.

I certify that the above information and any information provided on my résumé is true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or résumé, I may be refused employment or, if I am employed, I may be terminated immediately.

BY SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AGREE THAT I WILL RESOLVE ANY AND ALL PREVIOUSLY UNASSERTED CLAIMS, DISPUTES OR CONTROVERSIES ARISING OUT OF OR RELATING TO MY APPLICATION OR CANDIDACY FOR EMPLOYMENT, MY EMPLOYMENT AND/OR THE CESSATION OF MY EMPLOYMENT WITH THE TOWN OF WINTHROP

EXCLUSIVELY BY FINAL AND BINDING ARBITRATION BEFORE A NEUTRAL ARBITRATOR IN ACCORDANCE WITH THE AMERICAN ARBITRATION ASSOCIATION NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---