

# Application For Employment

**Town of Brunswick, Maine**  
85 Union Street, Brunswick, Maine 04011

**We consider applicants for all positions without regard to race, color, religion, creed, sex, ancestry or national origin, age, physical or mental handicaps, marital or veteran status, sexual orientation, or any other legally protected status.**

*(PLEASE PRINT)*

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip code
Telephone Number (Home)			Telephone Number (Cell)		

Position(s) Applied For
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Refusal to permit contact of present employer may be cause for rejection of application.

Are you eligible to be lawfully employed 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       Temporary

Can you travel if a job requires it?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
College				
Other				

Indicate any foreign languages you can speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

# Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

# Specialized Skills Check Skills/Equipment Operated

		Other Software Applications (list):	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	_____	_____	_____
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 123/Excel	_____	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> MS Word	_____	_____	_____
<input type="checkbox"/> Access	<input type="checkbox"/> PowerPoint	_____	_____	_____

Note to Applicants: DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Do you have the full physical, mental, emotional, and medical ability to do the job for which you have applied? If not, please explain.

If you need a reasonable accommodation to do the job for which you have applied, please explain.

Can you perform the duties of the job for which you have applied with or without accommodation?

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, ancestry, national origin, physical or mental handicaps, or other protected status.

1.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
2.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
3.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
4.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				

## Business References

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

U.S. Military or Naval Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Present Membership in National Guard or Reserves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activities: (Civic, Athletic, etc.) _____					
_____					

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment does not constitute a contract of employment between applicant and the Town of Brunswick.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR H.R. DEPARTMENT USE ONLY

Tracking No:

### *Department*

Administration		Assessing		Codes		Planning		Finance	
Tax		Clerks		Police		Fire			
Human Services		Public Works		Parks & Recreation					

### *Affirmative Action EEO Category*

1. Officials and Managers		Notes:
2. Professionals		
3. Technicians		
4. Sales Workers		
5. Office Clerical Workers		
6. Craftworkers		
7. Operatives		
8. Laborers		
9. Service Workers		



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**AFFIRMATIVE ACTION DATA SHEET**

*Providing this information is strictly voluntary*

The information requested below is fulfilling requirements of the Maine Human Rights Act and will not become part of your personnel record. **The data is used for statistical purposes only.**

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) Sex Race

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Nationality: \_\_\_\_\_  
Give whatever predominates (i.e. French, Spanish, etc.) If no single nationality predominates, use "American"

Do you consider yourself to be handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

Referral Source: \_\_\_\_\_ Newspaper Advertisement  
\_\_\_\_\_ Times Record  
\_\_\_\_\_ Portland Press Herald  
\_\_\_\_\_ Maine Sunday Telegram  
\_\_\_\_\_ Lewiston Sun Journal  
  
\_\_\_\_\_ Trade Journal  
\_\_\_\_\_ Maine Job Service  
\_\_\_\_\_ Secondary School Postings  
\_\_\_\_\_ Word of Mouth  
\_\_\_\_\_ Other, please specify: \_\_\_\_\_