



# Town of Brunswick, Maine

85 Union Street, Brunswick, ME 04011

## Application For Employment

**The Town of Brunswick considers 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 TYPE OR PRINT)

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

|  |
|--|
| Position(s) Applied For  |
| How did you learn about us?  |
| <input type="checkbox"/> Town Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media _____               |
| <input type="checkbox"/> Professional Association <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Other _____ |

Proof of your eligibility to be lawfully employed in this country will be required as a condition of employment.

Have you ever been employed by us? Yes    No  
*If yes, give date* \_\_\_\_\_

Have you ever filed an application with us? Yes    No  
*If yes, give date* \_\_\_\_\_

Are you currently employed? Yes    No

After notifying you, may we contact your current or most recent employer? Yes    No

*Refusal to permit contact of your employer(s) may be cause for rejection of your application.*

Can you travel if a job requires it? Yes    No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full-Time     Part-Time     Temporary

If you are under 18 years of age, you will be required to submit proof of your eligibility to work.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

|             | Name of School | Address of School | Course of Study | Diploma/Degree<br># Credit Hours |
|-------------|----------------|-------------------|-----------------|----------------------------------|
| High School |                |                   |                 |                                  |
| College     |                |                   |                 |                                  |
| College     |                |                   |                 |                                  |
| Other       |                |                   |                 |                                  |

| Indicate any foreign languages you can speak, read, and/or write |        |      |      |
|--|--------|------|------|
|  | Fluent | Good | Fair |
| Speak  |        |      |      |
| Read   |        |      |      |
| Write  |        |      |      |

# Additional Information

|  |
|--|
| <p>Other Qualifications:<br/>Summarize special job-related skills and qualifications acquired from employment or other experience.</p> |
|  |
|  |
|  |

# Specialized Skills

| Municipal | Microsoft Office | Other Software Applications (list): | Production/Mobile Machinery (list): | Other (list): |
|-----------|------------------|-------------------------------------|-------------------------------------|---------------|
| Munis     | Access           | _____                               | _____                               | _____         |
| Vision    | Excel            | _____                               | _____                               | _____         |
| TRIO      | Word             | _____                               | _____                               | _____         |
| RecTrac   | PowerPoint       | _____                               | _____                               | _____         |
|           | Project          | _____                               | _____                               | _____         |
|           | Publisher        | _____                               | _____                               | _____         |

**Note to Applicants:** In answering the following questions, you acknowledge that you are informed about, and understand, 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.

Can you perform the duties of the job applied for with or without accommodation?      Yes      No

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

# 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            | Job Title        | Date Employed |    |  |
|                    |                     |                  | From          | To |  |
|                    | Address             | Work Performed   |               |    |  |
|                    | Telephone Number(s) |                  |               |    |  |
|                    | Supervisor          | Supervisor Title |               |    |  |
| Reason for leaving |                     |                  |               |    |  |
| 2.                 | Employer            | Job Title        | Date Employed |    |  |
|                    |                     |                  | From          | To |  |
|                    | Address             | Work Performed   |               |    |  |
|                    | Telephone Number(s) |                  |               |    |  |
|                    | Supervisor          | Supervisor Title |               |    |  |
| Reason for leaving |                     |                  |               |    |  |
| 3.                 | Employer            | Job Title        | Date Employed |    |  |
|                    |                     |                  | From          | To |  |
|                    | Address             | Work Performed   |               |    |  |
|                    | Telephone Number(s) |                  |               |    |  |
|                    | Supervisor          | Supervisor Title |               |    |  |
| Reason for leaving |                     |                  |               |    |  |
| 4.                 | Employer            | Job Title        | Date Employed |    |  |
|                    |                     |                  | From          | To |  |
|                    | Address             | Work Performed   |               |    |  |
|                    | Telephone Number(s) |                  |               |    |  |
|                    | Supervisor          | Supervisor Title |               |    |  |
| Reason for leaving |                     |                  |               |    |  |

## Business References

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

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| U.S. Military 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         |  |        |