



Town of Brunswick, Maine

85 Union Street, Brunswick, Maine 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 # 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

Other Qualifications:

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

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 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		