



85 UNION STREET  
 BRUNSWICK, ME 04011-2418  
 Phone: (207) 725-6100  
 Fax: (207) 725-6663

## Employment Application

The Town of Brunswick considers applicants for all positions without regard to race, color, religion, creed, sex (including pregnancy), national origin, age, physical or mental disabilities, sexual orientation, gender identity, gender expression, genetic information, or any other basis protected by federal, state, and/or local law.

*Resumes may be attached, but will not be accepted in lieu of a completed application.*

### Position Data

Position Applied For: \_\_\_\_\_ Date available for employment: \_\_\_\_\_

How did you learn about us?  Town Website  JobsinME  Professional Association \_\_\_\_\_

Friend or Relative  Social Media  Other \_\_\_\_\_

### Personal Data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Evenings: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

Do you have the legal right to work in the U.S.?  Yes  No Proof of citizenship or immigration status will be required upon employment.

Have you ever worked or volunteered for the Municipality?  Yes  No Department: \_\_\_\_\_

Do you have any relatives employed with the Municipality?  Yes  No Name: \_\_\_\_\_

Driver's License : State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Commercial D/L: State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you had any traffic convictions or accidents in the last three years?  Yes  No **If yes, please list below:**

Conviction or Accident: \_\_\_\_\_ Date: \_\_\_\_\_

Conviction or Accident: \_\_\_\_\_ Date: \_\_\_\_\_

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Have you ever been convicted of a crime, or pleaded "guilty" or "no contest" to a crime?  Yes  No

**NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.**

If yes, please provide date(s) and detail: \_\_\_\_\_

**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?

Yes  No 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: \_\_\_\_\_

## Education

Did you graduate from High School or do you have a G.E.D?  Yes  No

Name of School, College, or University	Major	Credit Hours	Diploma/Degree*
Name of Trade/Technical/Business or Other Schools Attended	Course of Study	Credit Hours	Diploma/Degree*

*\* Proof of degrees obtained from College/University will be required upon hire.*

List Other licenses, professional registrations, certificates and professional memberships:


List Honors, Awards, Fellowships:

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## Skills Overview

Fluent in a language other than English:  Yes  No Language: \_\_\_\_\_ Speak  Read  Write

Please summarize relevant skills and experience that exemplify your qualifications for the position you are seeking: \_\_\_\_\_

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Tools and machines you can use and operate: \_\_\_\_\_

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Light or heavy motor vehicle equipment you can operate: \_\_\_\_\_

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Summarize Volunteer Services work including dates: \_\_\_\_\_

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Summarize Leadership Roles: \_\_\_\_\_

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Current or most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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Address: \_\_\_\_\_

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Your Title: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_

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Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

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Work Performed: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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May we contact this employer if you are considered for the position?  Yes  No

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
 Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
 Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

**Military Service**

Have you ever served on active duty in the U.S. Armed Forces?  Yes  No Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Primary Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

List names and telephone numbers of a minimum of three work references who are *not* related to you and a minimum of one personal reference. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known

## Conditions of Consideration for Employment

All information contained on the application is subject to verification. The Town of Brunswick will conduct background checks including, but not limited to, work references, driving records, criminal background records and education attainment.

I understand an employment offer is also contingent upon successful review of work references, and satisfactory result of a background check. Certain positions are also conditioned on the successful completion of agility tests or skill evaluation and other appropriate investigations.

I also understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination and/or drug and/or alcohol screen, performed by a qualified medical provider of the Town of Brunswick's choice. Such exam shall be paid for by the Town of Brunswick. I also agree that all information concerning said physical examination and/or drug and/or alcohol screen; can be supplied to the Town of Brunswick, or an authorized agent of this municipality, upon their request

I further understand that certain positions with the municipality may require the applicant to be eligible for bonding. In such instances, eligibility for bonding will be a consideration in determining an applicant's fitness for such position.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices. When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the application/recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that misstatements, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Brunswick and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service.

In addition, I give the Town of Brunswick the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Brunswick in providing relevant, job related information that will assist in this process.

I have read and understand the above "Conditions of Consideration for Employment."  Yes  No  
*Please acknowledge by checking the appropriate box.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

# Brunswick maine

## Equal Opportunity Statement

Please complete this New Hire Equal Employment Opportunity (EEO) Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name: _____	Preferred Pronouns: _____
Phone #: (    ) _____	How long at present address: _____
Address: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other I identify as: _____	

### VOLUNTARY SELF IDENTIFICATION

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the races above excluding Hispanic or Latino.

### TO BE COMPLETED BY EMPLOYER

From the EEO job categories listed below, which one best describes the employee's position:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials & Managers | <input type="checkbox"/> Sales Workers                  | <input type="checkbox"/> Operatives           |
| <input type="checkbox"/> First/Mid-Level Officials & Managers        | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Professionals                               | <input type="checkbox"/> Craft Workers                  | <input type="checkbox"/> Service Workers      |
| <input type="checkbox"/> Technicians                                 |   |   |

Notes: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

***To be filed separately from employment application.***