

TOWN OF VASSALBORO

P.O. BOX 129 NORTH VASSALBORO, MAINE 04962-0129

Application for Employment

Equal access to employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy), age, national origin, mental or physical disability, sexual orientation, gender identity, gender expression, genetic information, or any other basis protected by federal, state, and/or local law. In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. The Town of Vassalboro provides qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship on the Town of Vassalboro.

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| dress | | Cell/Other Phone # (| City | E-mail Address | | Z.IP Code |
| ephone# (| <i>c</i> | Cen/Other I none # (| , | Date of application _ | / | _ / |
| sition applied | tor | | | | * | |
| | | | | | | |
| plication fo | or Employme | nt Questions | | | | |
| 16 | ary, best time t | o call you is | | | □ AM | □РМ |
|) If necess | ary, best time t | o can you to | | | ☐ Yes | ΠNo |
| 2) May we | contact you at | work? | | | Q 1 Cs | G 110 |
| j | If yes, work nu | mber and best time to call: | (_ |) | | |
| | | | | | _ | □ PM |
| | | | | | | |
| 3) If you at | e under 18 and | it is required, can you furnis | sh a work permit | ? | ☐ Yes | □ No |
| | If no please ex | nlain | | | | |
| | | prum. | | | | |
| | | | | | | |
| | | | 74-4007 | | ☐ Yes | □ N |
| 4) Are you | lawfully author | rized to work in the United S authorization may be requir | States: ed upon employn | 1ent | | |
| | 1100) 0) WOLK | authoritaestori many art | , | | | |
| 5) What is | your desired s | alary range or hourly rate of | pay? | \$ | per | - |
| 6) Ara vai | able to perfor | n the "essential functions" o | f the job for which | ch you are applying, e | ither with o | r witho |
| 6) Are you | ble accommod | ation? | | | | s \square N |

| plica | tion for Employment Questions | |
|-------|---|---------|
| 7) | Are you currently employed? ☐ Yes ☐ | JNo |
| 8) | Have you ever been disciplined or discharged for harassment, insubordination, threats, violence, willful damage to property, theft, or a violation of policy that resulted in more than a verbal or written warning? | |
| | □ Yes □ |) No |
| | NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date the incident, seriousness and nature of the claim, and outcome of the disciplinary process will be taken into account | of. |
| | If yes, please provide date(s) and details: | |
| | | |
| 9) | Summarize any special training, job-related skills, military training, internships, apprenticeships, foreign languages, computer proficiency, equipment operation, licenses and/or certifications that may assist you performing the position for which you are applying: | i in |
| | | |
| | | |
| 10) | To what professional organizations do you belong that are directly related to the necessary skills for the or the job itself, for which you have applied? Any offices held? | job, |
| | | |
| 11) | List any volunteer work that relates directly to the necessary skills for the job, or the job itself, for which | h you |
| | have applied. | |
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| ployer | employer, provide the following informa | Month Year | Month Year |
|---------------------------------------|---|------------------|------------|
| p.10 y c.1 | , v | Dates Employed / | |
| et Address | | | |
| | State or Country | Job Title | |
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| nediate supervisor and title (for mos | it recent position held) | | |
| γ did you leave? | | | |
| nmarize the type of work performed | and job responsibilities. | | |
| | | | |
| ployer | Telephone # | Month Year | Month Yea |
| | | Dates Employed / | |
| eet Address | | | |
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| mediate supervisor and title | | | |
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| nployer | Telephone # | Month Year | Month Ye |
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|--|--|--|--|--|----------------------------------|--|--|
| School (include Cil | ty and State or Country) | | Со | mpleted | | Major | /Minor |
| | | | ☐ Diploma ☐ Degree | □ GED | | | |
| | | | Certification | | | | |
| | | | ☐ Diploma | | | | |
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| | | | Degree | ☐ GED | | | |
| | | | □ Other | | | | |
| | | | □ Diploma | □ G€D | | | |
| | | | ☐ Certification | 1 | | | |
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| names and telephone num | | erences who are <i>no</i> Relationship to You | national designation | vou. If not appl | icable, list | three school | |
| ames and telephone num nal references who are na | ot related to you. | Relationship | national Characters | | icable, list | And Shipper | |
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| pplicant Statement ereby certify that all the rect to the best of my uthorize the Town of Naployment as may be rectify that any infine se, incomplete, or minsideration for employments. | ne information I have knowledge. Winslow to investiguecessary, and by a cormation provided isrepresented in | re provided in the gate all statement and all mean by me in this enany respect, wi | () () ne above e nts and infis authorize mploymen ill be suff | mployment formation pred or permit application icient cause | application ovided in ted by lav | n is true, of my applications. iews that nate me | complete, a cation for is found to from furth |

Date _____