



# Town of South Berwick

Equal Opportunity Employer

## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

Position applied for: \_\_\_\_\_

Date of application: \_\_\_\_\_

How did you learn about us?  Advertisement

Friend

Walk In

Employment Agency

Relative

Other

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_

CELL NUMBER OR ALTERNATE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

What is the best time to call you? \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit?

Yes

No

Have you ever filed an application with us before?

Yes

No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed with us before?

Yes

No

Are you currently employed?

Yes

No

Are you legally eligible for employment 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  Shift Work

Temporary

Are you currently on "lay-off" status and subject to recall?

Yes

No

Do you have a relative working for the Town of South Berwick?

Yes

No

If yes, name of relative and relationship \_\_\_\_\_

Do you have available transportation?

Yes

No

Do you have an active Driver's License and/or CDL endorsement?

Yes

No

(If applicable)

**EDUCATION:**

	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location			
Years Completed			
Diploma/Degree			
Describe course of study			
Describe any honors you have received			

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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List any professional, trade, business, or civic activities and office held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

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Have you ever had any job related training in the United States military?  Yes  No  
If yes, please describe \_\_\_\_\_

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**REFERENCES:**

Give name, address, and telephone number of three references who are not related to you and are not previous supervisors.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

**ADDITIONAL INFORMATION**

List any additional information you would like us to consider.

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**EMPLOYMENT HISTORY:**

Start with your present or last job. Include any job related military service assignments and volunteer activities. Under "Description of Duties" list kind of work, responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed.

**Please check here if you are including a resume with this application.  
Complete the areas in bold below.**

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Ending Wage \_\_\_\_\_

**May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Ending Wage \_\_\_\_\_

**May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Ending Wage \_\_\_\_\_

**May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Comments including explanation of any gaps in employment** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT’S STATEMENT :**

I certify that all information I have provided in order to apply for and secure work with the Town of South Berwick is true, complete and accurate to the best of my knowledge. I understand that any information provided by me on the application or in an interview that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Town of South Berwick employment whenever it is discovered.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand, if hired, that I am required to abide by all rules and regulations of the employer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that that all job offers are contingent upon: (1) Satisfactory completion of background check. (2) Pre-employment medical exam, if requirement of position, at employer’s expense. (3) Pre-employment alcohol/drug screening if requirement of position.

**Equal Opportunity Employer**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

\_\_\_\_\_  
Date

Upon Completion, mail, email or fax this application to:

Human Resource Department  
Town of South Berwick  
180 Main Street  
South Berwick ME 03908

Fax: 207-384-3303  
dremick@sbmaine.us  
Tel: 207-384-3013