

Town of Boothbay

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

*Daniel G. Bryer, Town Manager
Town of Boothbay
1011 Wiscasset Road
PO Box 106
Boothbay, ME 04537-0106*



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

Job Data

Job Title:

Date you will be available for employment:

Job Posting No:

Personal Data

Name: Last:

First:

Middle:

Address:

City:

State:

Zip:

Phone#

Days:

Evenings:

Alternate:

All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No

Date of birth (if less than 18):

Have you ever worked or volunteered for the Municipality? If ☐ Yes ☐ No
yes, please give dates: _____

Do you have any relatives employed with the Municipality? ☐ Yes ☐ No

If yes, please list:

Name

Division

Relationship

Name

Division

Relationship

Name

Division

Relationship

Driver's License No. & State:

Class:

Expiration:

Have you had any traffic convictions or accidents in the last three years?

Yes

No

If yes, please list:

Conviction or Accident

Date

Conviction or Accident

Date

Conviction or Accident

Date

Conviction or Accident

Date

Commercial Driver's License No. & State:

Class:

Endorsements

Expires:

Please list other names you have used:

Have you been convicted of any crime? Yes

No If yes, please give details including

dates, charges, and disposition. Convictions are

not an absolute bar to employment.

Consideration is given to the offense and
its relationship to the position

Education *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

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

Name of School, College(s) or University

Major

Credit Hours

High School Name:

Degree*

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

Name of Trade/Technical/Business

Diploma

or Other School(s) Attended

Course of Study

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Approximate Typing Speed in words per minute:

List computer software with which you are familiar:

Fluent in a language other than English:
Yes No

Language(s):

Speak:

Read:

Write:

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

can operate:

Summarize Volunteer Services work including dates:

Tools and machines you can use and operate:

Summarize Leadership Roles:

Light or heavy motor vehicle equipment you

Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application*

Current or most recent employer:

Phone:

Address:

Your Title:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Present/Ending:

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:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Ending:

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:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Ending:

Hours per week:

Work Performed:

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

Reason for leaving:

Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

Employer:

Phone:

Address:

Your Title:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Ending:

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:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Ending:

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: