## 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		<del>-</del>		<del></del>				
Job Title:	Date you will be available for employment:							
Job Posting No:								
Personal Data								
Name: Last:	F	ïrst:	Middle:					
Address:								
Citv:	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 f yes, please give dates: Do you have any relatives employed wit		Yes No						
Do you have any relatives employed wit	ii die Municipanty:	55 100						
If yes, please list:  Name  Name  Name	Division Division Division	Relationship Relationship <u>Relationship</u>						
Driver's License No. & State:	Class:		Expiration:					
Have you had any traffic convictions or	accidents in the last three	ee years? Yes	No					
If yes, please list: Conviction or Accident Conviction or Accident Conviction or Accident Conviction or Accident		Date Date Date Date						
Commercial Driver's License No. & Sta	te:	Class: Endo	rsements	Expires:				

Please list other names you have used: Have you been convicted of any crime? 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 High School Name: Credit Hours Name of School, College(s) or University Major 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: Write: Language(s): Speak: Read: Fluent in a language other than English: Yes No Please summarize relevant skills and Summarize Volunteer Services work experience that exemplify your qualifications including dates: for the above position: Tools and machines you can use and operate: Summarize Leadership Roles:

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

Light or heavy motor vehicle equipment you

Phone:

Address:

can operate:

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:	То:	
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:	То:	
Supervisor's name/title:			
Starting Salary:	Ending:		Hours per week:
Work Performed:			
			ve contact this employer if you are lered for the position? Yes
Reason for leaving:			
	e: Complete this application in its entir accepted in lieu of a completed appli		s will not be accepted. Resumes <u>may</u>
Employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	То:	
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:			То:	
Supervisor's name/title:					
Starting Salary:	Ending:				Hours per week:
Work Performed:					
Reason for leaving:					
May we contact this employer is	f 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:					