



# Town of Kennebunkport

## Application for Employment

We consider all qualified applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, physical or mental disability or handicap, or any other legally protected status.

### APPLICANT INFORMATION

Position(s) Applied For:		Date of Application:	
How did you hear about the position you are applying for?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Employment Website	
<input type="checkbox"/> Facebook	<input type="checkbox"/> Town Website	Which one? _____	
<input type="checkbox"/> Other _____			
First Name	Middle Name	Last Name	
Address			
Street	City	State	Zip Code
Home Phone Number		Cell Phone Number	
Email			

If you are under 18 years of age

Can you provide required proof of your eligibility to work? Yes  No

Please provide your age (only if under 18) \_\_\_\_\_

Are you legally qualified to work in the United States?  Yes  No

Have you ever been employed by the Town of Kennebunkport?  Yes  No

If yes, give the department and dates: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Are you currently on "lay off" status and subject to recall?  Yes  No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform the essential functions of the job with or without reasonable accommodation?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to a felony?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please give the date and nature of each felony and its disposition:

## Education

Have you graduated from High School or obtained a general equivalency diploma (G.E.D.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
If no, what is the highest grade completed?	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Name of High School or Institution								
Location								

### Undergraduate College/University

School Name and Location	
Years Completed	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree	Major/Course of Study

### Graduate/Professional

School Name and Location	
Years Completed	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree	Major/Course of Study

## Language Proficiency

If relevant to the position for which you are applying, please indicate any foreign languages you can speak, read, and/or write

State good, fair, or poor

	Languages (specified)			
Speak				
Read				
Write				

## Special Skills and Certifications

Summarize special job-related experience, skills or certifications acquired from employment or other experience that you believe may be relevant to the position for which you are applying.

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, handicap, sexual orientation, or other protected status.

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Employer	Phone Number
Address	
Job Title	Supervisor
Work Performed	
From _____ to _____	Reason for Leaving

May we contact this employer regarding your employment record?

Yes

No

Employer	Phone Number
Address	
Job Title	Supervisor
Work Performed	
From _____ to _____	Reason for Leaving

May we contact this employer regarding your employment record?

Yes

No

Employer	Phone Number
Address	
Job Title	Supervisor
Work Performed	
From _____ to _____	Reason for Leaving

Have you ever had any job-related training in the United States Military?

Yes

No

If yes, please describe

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**Please list any relatives working for the Town of Kennebunkport**

Name:	Relationship:

**References**

Please provide the following information for three references who are not related to you.

Name	Title
Relationship	Phone Number
Address	

Name	Title
Relationship	Phone Number
Address	

Name	Title
Relationship	Phone Number
Address	

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that material omissions, false or misleading information given in my application for employment or any addendum, during interview(s) or at any time during the hiring process may result in disqualification from consideration or discharge from employment if the omission, false or misleading statement or information is discovered after I have been hired.

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

In the event of employment, I understand that I am required to abide by all rules and regulations of the employer and that failing to do so may result in discipline up to and including immediate discharge.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date