

City of Augusta
 Human Resources Department
 16 Cony Street
 Augusta, ME 04330
 (207) 626-2353; (207) 620-8174 Fax
 www.augustamaine.gov



Employment Application

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

Position Desired: _____ Date: _____

Are you willing and available to work:

Full-time Part-time Temporary/Seasonal Day Shift Night Shift

Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Please list any schedule preferences you have: _____

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)	<i>Home</i>	<i>Work/Cell</i>
		<i>E-mail Address</i>

Are you at least 18 years old? Yes No If no, are you younger than 16? Yes No

Do you have a work certificate from school? Yes No If yes, date _____

Have you ever filed an application with us before? Yes No If yes, date _____

Have you ever been employed with us before? Yes No If yes, date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a crime? Yes No

If yes, ATTACH STATEMENT giving dates, locations and circumstances. The presence of a criminal history will not automatically disqualify you from employment. The seriousness and nature of the offense, time elapsed and rehabilitation will be taken into account. LACK OF REQUESTED INFORMATION IS BASIS FOR DISQUALIFICATION OF EMPLOYMENT.

Have you ever been disciplined or discharged for absenteeism or tardiness? Yes No

If yes, please explain. _____

Have you ever been disciplined or discharged for any other reason? Yes No

If yes, please explain. _____

Education

	Name and Address Of School	Course or Major	Graduated	Diploma/Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

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, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

<u>Other Qualifications</u> Summarize special job-related skills and qualifications acquired from employment or other experience.

References

1.		
	(Name)	Phone #
2.		
	(Name)	Phone #
3.		
	(Name)	Phone #

Applicant's Statement

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal.

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 an offer of employment for positions requiring drug and physical screening is contingent upon successful completion of the process.

Applicant Signature

Date