

# Town of Topsham, Maine

## Application for Employment

100 Main Street,  
Topsham, Maine 04086

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

*(PLEASE PRINT)*

Last Name	First Name	Middle Name
Address Street	City	State Zip code
Telephone Number (Home)	Telephone Number (Cell)	

Position(s) Applied For
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Town Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Social Media <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before?	Yes	No
	If yes, give date	
Have you ever been employed with us before?	Yes	No
	If yes, give date	
Are you currently employed?	Yes	No
May we contact your current employer?	Yes	No
Are you eligible to be lawfully employed 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:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Can you travel if a job requires it?	Yes	No

## Education

	Name and address of School	Course of Study	Diploma/Degree
High School			
College			
College			
Other			

## Additional Information

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

## Specialized Skills

Municipal	Microsoft Office/Adobe	Other Software Applications (list):	Production/Mobile Machinery (list):	Other (list):
Munis	Access	_____	_____	_____
Vision	Excel	_____	_____	_____
MyRec	Word	_____	_____	_____
	PowerPoint	_____	_____	_____
	Project	_____	_____	_____
	Publisher	_____	_____	_____
	Adobe	_____	_____	_____

Note to Applicants: DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Do you have the full physical, mental, emotional, and medical ability to do the job for which you have applied?  
If not, please explain.

If you need a reasonable accommodation to do the job for which you have applied, please explain.

Can you perform the duties of the job for which you have applied with or without accommodation?

Yes                  No

# 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, sex, ancestry, national origin, physical or mental handicaps, or other protected status.

1.

Date of Employment to	
Name of Employer	Supervisor
Address & Phone number	
Reason for leaving	
Job description	

2.

Date of Employment to	
Name of Employer	Supervisor
Address & Phone number	
Reason for leaving	
Job description	

3.

Date of Employment to	
Name of Employer	Supervisor
Address & Phone number	
Reason for leaving	
Job description	

# Background

Have you ever been disciplined, discharged, and asked to resign from a prior position..... Yes No

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review by an employer? ..... Yes No

Has your contract in a prior position ever been non-renewed? ..... Yes No

Have you ever been investigated by an employer for sexual abuse or harassment of another person?.... Yes No

If you answered yes to any of the previous questions, provide full details below including, with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or disposition of a crime is not an automatic bar to employment.

# References (provide full name, address, phone number)

- 1
- 2
- 3

U.S. Military            Yes        No            Present Membership in National Guard or Reserves            Yes        No

Activities: (Civic, Athletic, etc.)

# Background Check Authorization

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I understand that before concluding the assessment of my qualifications for the position of \_\_\_\_\_ with the Town of Topsham, a background investigation will become necessary. I therefore authorize the Town of Topsham or its agents to conduct such an investigation for this purpose involving such topics but not limited to, driving history checks, credit checks, contacting prior employers pertaining to performance, contacting personal references, and verifying educational attainment. I hereby authorize all my present and previous employers or their successors and/or references to release and furnish information concerning my personal character, habits, or release and provide such records and information as may pertain to my attendance and performance.

\_\_\_\_\_  
Applicant's Full Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Alias or Other Name(s)

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

\_\_\_\_\_  
Date

## Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge. My signature below constitutes authorization to check my employment history, including without limitation, reference checks. I further authorized those persons, agencies or entities that the Town of Topsham contacts in connection with my employment application to fully provide the Town of Topsham any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Town of Topsham, its agents and officials, or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, and other staff, and members of the community. I give my consent to this disclosure. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. This application for employment does not constitute a contract of employment between applicant and the Town of Topsham. Please note: Employment cannot be finalized until the applicant has completed requirements for complete background checks.

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

\_\_\_\_\_  
Date