

# 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? Proof of citizenship or immigration status will be required upon employment.	Yes	No
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. Attach additional sheets if necessary.

# 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.)