Application for Employment

TOWN OF POWNAL

We appreciate your interest in the Town of Pownal and assure you that we are sincerely interested in your qualifications for possible employment in a capacity equal with your education and training proficiencies.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, sexual orientation, disability, veteran status, or any other characteristic protected under local, state or federal law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please Print

Personal Information

Name _____
Last *First* *Middle Initial*

Street Address _____

City_____State_____Zip Code _____

Telephone #_____Cell Phone # _____

Email: _____

Position Appling For: _____

How did you hear of the position? _____

Highest Level of Education completed: _____

If you served in the United States Armed Forces, please list the branch, dates, rank, and skills acquired:

Do you possess an honorable discharge? ___ YES_____NO

Have you ever been employed by the Town of Pownal before? Yes ☐ No ☐

If yes, what department_____and when_____.

Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation? Yes ☐ No ☐

If no, please explain. _____

Are you legally authorized to work in the U.S.? Yes ☐ No ☐

Note: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act, and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes ☐ No ☐

If required for the position, do you have a clean driving record? (if no, please explain) Yes ☐ No ☐

If hired, when would you be available to start? _____

What is your desired wage? _____

Professional Experience

Please list your employment history; list present or most recent employer first.

Employer	Employed (mm/yy) From: To:	Address/City/State	Salary	Reason for Leaving
Type of work performed:				
Employer	Employed (mm/yy) From: To:	Address/City/State	Salary	Reason for Leaving
Type of work performed:				
Employer	Employed (mm/yy) From: To:	Address/City/State	Salary	Reason for Leaving
Type of work performed:				

If you have a RESUME, please submit it with your application.

Please list any specific skills:_____

_____

_____

_____

References

NAME	HOW THEY KNOW YOU	EMAIL ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			

Are you presently employed? Yes ☐ No ☐

If so, may we contact your present employer? Yes☐ No☐

CERTIFICATE OF APPLICANT

Please read carefully before signing.

I certify that the answers given by me to the preceding questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Town shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or me.

Signature_____Date_____

Completed applications must be dropped off at the Town Office or mailed to the following address: Town of Pownal, 429 Hallowell Rd, Pownal, ME 04069