



## Town of Orrington, Maine Employment Application

The Town of Orrington is an Equal Opportunity Employer. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

**(Please Print)**

Date of Application: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_ No \_\_\_ If yes, give date \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ If yes, give date \_\_\_\_\_

Are you employed now? 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  
may be required upon employment)

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

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

Are you on a lay-off and subject to recall? Yes \_\_\_ No \_\_\_

Can you travel if a job requires it? Yes \_\_\_ No \_\_\_

Have you been convicted of a felony within the last 7 years? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Veteran of the U.S. military service? Yes \_\_\_ No \_\_\_ If yes, Branch \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (exclude those which indicate race, color, religion, sex, or national origin): \_\_\_\_\_

\_\_\_\_\_

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1.

	Dates Employed		Work Performed
	From	To	
Employer			
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

2.

	Dates Employed		Work Performed
	From	To	
Employer			
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

3.

	Dates Employed		Work Performed
	From	To	
Employer			
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

4.

	Dates Employed		Work Performed
	From	To	
Employer			
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

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## Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

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State any additional information you feel may be helpful to us in considering your application. Please feel free to provide a resume and cover letter.

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## Agreement

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/ \_\_\_\_\_ Dept. \_\_\_\_\_  
Salary \_\_\_\_\_

By \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

