

Boothbay Region Water District
184 Adams Pond Road, Boothbay ME 04537
Application for Employment

An Equal Opportunity Employer

Employment decisions are made without regard to race, color, religion, sex, age, sexual orientation, ancestry, national origin, genetic information, physical or mental disability, veteran status, or any other characteristic protected by law.

Date _____

Name _____

Address _____

City, State, Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

For which position are you applying? _____

Note: Minimum age requirements must be met to work in specific jobs.

Are you 18 years old or older? Yes No

Do you have the ability to do the job for which you have applied, with or without reasonable accommodation? Yes No

Are you eligible to be lawfully employed in the United States? Yes No

Have you been previously employed by Boothbay Region Water District? Yes No

If yes, please list former dates of employment _____

What experience do you have that qualifies you for the job for which you have applied?

GENERAL BACKGROUND INFORMATION

Do you have a valid motor vehicle license? Yes No

Motor Vehicle License # _____ Class: _____ Issuing State: _____

Has your right to operate a motor vehicle in any state ever been suspended or revoked? Yes No

If "Yes", please explain below, including approximate date(s).

Have you ever been convicted of or pleaded no contest to a crime which has not been annulled by a court? (Answering "Yes" to this question will not necessarily disqualify an applicant from employment.)

Yes No If "Yes", please list approximate date, nature of offense, location, status, and penalty.

Is there a criminal action currently pending against you? (Answering "Yes" to this question will not necessarily disqualify an applicant from employment.)

Yes No If "Yes", please list approximate date, nature of offense, location and status.

EDUCATIONAL BACKGROUND

High School _____

NAME

LOCATION

DIPLOMA OR GED

College _____

NAME OF COLLEGE/UNIVERSITY

LOCATION

NUMBER OF CREDITS / DEGREE AWARDED

Post Graduate _____

NAME OF COLLEGE/UNIVERSITY

LOCATION

NUMBER OF CREDITS / DEGREE AWARDED

Other specialized training, education or experience relevant to position(s) applied for:

EMPLOYMENT HISTORY

Beginning with your current or most recent position, and going back at least ten years, list all employment held. Please complete requested employment information in its entirety. You may submit a resume to accompany this application. However, please do not write "see resume" in lieu of providing requested information. Include any work performed on a volunteer basis, time spent in military service, or full time education. Additional sheets of paper may be used as necessary.

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities: _____

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities: _____

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities: _____

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities: _____

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Certification

As an applicant for employment with Boothbay Region Water District, I certify that the information contained in this application is correct and that I have not omitted any information. I understand that falsification or omission of information may result in the rejection of my application, or if employment commences, immediate dismissal.

I authorize Boothbay Region Water District to contact former employers and educational organizations regarding my employment and education. I hereby release all such persons from any and all liability or claims for damage whatsoever that may result from responding to any inquiry or furnishing any information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Boothbay Region Water District and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Boothbay Region Water District unless made in writing by the Manager, Boothbay Region Water District. If an employment relationship is established, I acknowledge that no consideration has been furnished to Boothbay Region Water District for my employment other than my services.

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by Boothbay Region Water District or myself. I further agree and acknowledge that no representative other than the Manager, Boothbay Region Water District has the authority to make any oral or written agreements for employment for a specified time or for specific conditions of my employment. I further agree and acknowledge that any agreement for employment for a specified period of time or specific conditions of my employment must be in writing and signed by the Manager, Boothbay Region Water District and me.

I understand that if I am selected for employment I will be required to verify, within three days of my date of hire, my identity and eligibility to work as required under the Immigration Reform and Control Act of 1986. I understand that this requirement applies to all new employees.

My signature attests that I have carefully read and understand the information contained in this certification. I further declare and certify that the entries set forth on this application and on other documents provided by me to Boothbay Region Water District as part of this application process are true and accurate.

Applicant Name: _____

Signature: _____

Date: _____