Application for Employment

Updated 6/23

For which position are you applying?

Date

PERSONAL INFORMATION							
First Name		Last Nar	me				
Phone		Email					
Street Address		_	-	old or older? ements must be met to w	vork in specific jobs.		
Address 2		Yes	No				
City Do you have the ability to do the job for which With or without reasonable accommodation? Yes No							
Zip		Are you Yes	eligible to	o be lawfully employe	ed in the United States?		
Have you been previously employ	yed by Boothbay Region Water District?	Yes	No	Start Date	End Date		
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 Number Class Issuing State

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

Please explain below, including approximate date(s)



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EDUCATIONAL BACKGROUND					
High School Name	Diploma or GED				
High School City	High School State				
College Name	Number of Credits / College Degree Awarded				
College City	College State				
Post Graduate College Name	Number of Credits / Post Graduate Degree Awarded				
Post Graduate College City	Post Graduate College State				
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.

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Employer's Name			Start Date	End Date	
Employer's Phone		Job Title			
Employer's Address			Immediate Supervisor I	Name	
Address 2			Immediate Supervisor 1	Title	
City St	tate	Zip	Reason for leaving		
Brief description of your duties and	responsibilitie	es	Was your Leaving	Voluntary Involuntary	



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EMPLOYMENT HISTORY (cont.)					
Employer's Name			Start Date	End Date	
Employer's Phone			Job Title		
Employer's Address			Immediate Superviso	r Name	
Address 2			Immediate Superviso	r Title	
City	State	Zip	Reason for leaving		
Brief description of your dution	es and responsib	ilities	Was your Leaving	Voluntary Involuntary	

Employer's Name			Start Date	End Date
Employer's Phone			Job Title	
Employer's Address			Immediate Supervisor N	lame
Address 2			Immediate Supervisor T	itle
City	State	Zip	Reason for leaving	
Brief description of your duties	and responsibili	ties	Was your Leaving	Voluntary Involuntary



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EMPLOYMENT HISTORY (cont.)					
Employer's Name			Start Date	End Date	
Employer's Phone			Job Title		
Employer's Address			Immediate Supervisor	Name	
Address 2		Immediate Supervisor Title			
City	State	Zip	Reason for leaving		
Brief description of your duti	es and responsib	ilities	Was your 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.

Applicant Name:

Signature

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.

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