



Application for Employment

The Town of Norridgewock is an equal opportunity employer and service provider. 04/2019

Position(s) applied for: _____ Date of application: ____/____/____

Referral Source: Advertisement Employee Government Employment Agency
 Walk-in Relative Private Employment Agency
 Other _____

Name of referring individual or entity, if any: _____

Name: _____
Last First Middle

Address: _____
Street City, State Zip Code

Telephone: (____) _____ Home Cell Work
(____) _____ Home Cell Work

If necessary, best time to call is: _____

Email: _____ Are you at least 18 years old? Yes No

Have you submitted an application to the Town of Norridgewock before? Yes No

If yes, please give date(s): _____

Have you ever been employed by the Town of Norridgewock? Yes No

If yes, please give position(s) and date(s): _____

Date available for work: ____/____/____ Desired salary/hourly wage: _____

Type of employment desired: Full-time Part-time Temporary Seasonal

Will you travel if the job requires it? Yes No

Will you relocate if the job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, nature of the violation, rehabilitation, and the position applied for will be taken into account.

Driver's license number, if driving is an essential job function _____ State _____

Work Experience

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the Comments section on the next page.

Employer	Phone	Dates Employed (from/to)
Address (Street, City, State, Zip)		
Job Title		
Supervisor, Title		
Summary for Type of Work, Duties Performed, Responsibilities		
Reason for Separation		

Employer	Phone	Dates Employed (from/to)
Address (Street, City, State, Zip)		
Job Title		
Supervisor, Title		
Summary for Type of Work, Duties Performed, Responsibilities		
Reason for Separation		

Employer	Phone	Dates Employed (from/to)
Address (Street, City, State, Zip)		
Job Title		
Supervisor, Title		
Summary for Type of Work, Duties Performed, Responsibilities		
Reason for Separation		

Employer	Phone	Dates Employed (from/to)
Address (Street, City, State, Zip)		
Job Title		
Supervisor, Title		
Summary for Type of Work, Duties Performed, Responsibilities		
Reason for Separation		

Work Experience (cont'd)

Comments: Include explanation of any gaps in employment or other relevant information.

Skills & Qualifications: Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position(s) for which you are applying.

Educational Background

List any schools attended, starting with the most recent. Provide any relevant information, if applicable.

_____	_____	_____	_____
School Attended	City/State	Years Completed	Degree/Diploma
_____	_____	_____	_____
Major	Minor		GPA/Class Rank

_____	_____	_____	_____
School Attended	City/State	Years Completed	Degree/Diploma
_____	_____	_____	_____
Major	Minor		GPA/Class Rank

_____	_____	_____	_____
School Attended	City/State	Years Completed	Degree/Diploma
_____	_____	_____	_____
Major	Minor		GPA/Class Rank

_____	_____	_____	_____
School Attended	City/State	Years Completed	Degree/Diploma
_____	_____	_____	_____
Major	Minor		GPA/Class Rank

Professional References

List the name and telephone of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

_____	_____	_____	_____
Name	Telephone	# years known	Affiliation

_____	_____	_____	_____
Name	Telephone	# years known	Affiliation

_____	_____	_____	_____
Name	Telephone	# years known	Affiliation

Additional Information

List any professional, trade, business, or civic associations of which you are a member that may be helpful in the job you are applying for. Also, list any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard, or any other similarly protected status.

Organization	Member Status/Office Held	Dates (from/to)
Organization	Member Status/Office Held	Dates (from/to)
Organization	Member Status/Office Held	Dates (from/to)
Organization	Member Status/Office Held	Dates (from/to)

Applicant Statement & Acknowledgment

This application is not complete until it is fully completed, signed, and all statements below have been read and initialed.

Initial: _____	I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts call for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
Initial: _____	I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Town of Norridgewock, I will be an at-will employee, meaning that either the Town or I may end the employment relationship at any time with or without cause or notice. I understand that only the Board of Selectmen of the Town of Norridgewock, and no manager, supervisor, or other representative of the Town, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Board of Selectmen, any such agreements must be in writing and signed by the Board of Selectmen or its authorized representative.
Initial: _____	I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Town of Norridgewock.
Initial: _____	I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.
Initial: _____	I understand that the Town may share the information contained in this application with other Town employees for employment and administrative purposes and hereby consent to such transfer.
Initial: _____	I hereby authorize, to the extent allowed by applicable federal, state, and local laws, the Town of Norridgewock to conduct its own investigation of my references, employment history, and education and, further, authorize by references and prior employers I have listed to disclose to the Town information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure. In addition, I hereby release the Town, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
Initial: _____	I understand and expressly agree that if employed by the Town, storage areas provided for me (locker, desk, etc.) are open to investigation by the Town without prior notice to me.

Applicant Statement & Acknowledgment (cont'd)

Initial: _____ I agree to undergo a pre-employment physical examination, if required, as consistent with federal and state law.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from the Town of Norridgewock and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts call for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Town of Norridgewock and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Town of Norridgewock and me on such issues.

Signature of Applicant

Date

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application. The Town of Norridgewock will retain this application for a period of two (2) years, or as required by law.