



City of Hallowell Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to: City Manager
City of Hallowell
1 Winthrop Street
Hallowell, ME 04347

Resumes may be attached but will not be accepted in lieu of a completed application

Job Data			
Job Title:		Date you will be available for employment:	
Personal Data			
Name:	Last:	First:	Middle:
Address:			
City:		State:	Zip:
Phone #:	Day:	Night:	Cell:
All Applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S.			
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth (if less than 18 years old):			
Have you ever worked or volunteered for the City of Hallowell? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give date(s):			
Do you have any relatives employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please list:			
Name:	Department:	Relationship:	
Name:	Department:	Relationship:	
Name:	Department:	Relationship:	
Driver's License No. & State:		Class:	Exp. Date:
Endorsements (if a Commercial License):			
Have you had any traffic violations or accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:			
Conviction or Accident:		Date:	
Conviction or Accident:		Date:	
Conviction or Accident:		Date:	
Please list any other names you have used:			
Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details on a separate sheet including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.			

Education

Did you graduate from High School or do you have a G.E.D.? Yes No

High School Name:
Location:

Name of School, College(s) or University

Major

Credit Hours

Degrees*

*Proof of degrees from College/University will be required upon hire.

Name of Trade/Technical/Business or Other School(s) Attended

Course of Study

Diploma

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Approximate typing speed in words per minute:

List computer software with which you are familiar:

Are you fluent in a language other than English? Yes No

Language(s)

Speak:

Read:

Write:

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Tools and machines you can use and operate:

Light or heavy motor vehicle equipment you can operate:

Summarize volunteer services work, including dates:

Summarize Leadership Roles:

Employment History

Current or most recent Employer:

Phone:

Address:

Your Title:

Employment Dates:

From:

To:

Supervisor's name/title:

Starting salary:

Present/Ending:

Hours per week:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position?

Yes

No

Employer:

Phone:

Address:

Your Title:

Employment Dates:

From:

To:

Supervisor's name/title:

Starting salary:

Present/Ending:

Hours per week:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position?

Yes

No

Employer:

Phone:

Address:

Your Title:

Employment Dates:

From:

To:

Supervisor's name/title:

Starting salary:

Present/Ending:

Hours per week:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position?

Yes

No

Employment History

Employer:

Phone:

Address:

Your Title:

Employment Dates:

From:

To:

Supervisor's name/title:

Starting salary:

Present/Ending:

Hours per week:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position?

Yes

No

Employer:

Phone:

Address:

Your Title:

Employment Dates:

From:

To:

Supervisor's name/title:

Starting salary:

Present/Ending:

Hours per week:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position?

Yes

No

Military Service

Have you ever served on active duty in the U.S. armed forces?

Yes

No

Dates:

From:

To:

Branch:

Primary Duties:

Applicant's Statement

I certify that the 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR CITY MANAGER'S USE ONLY

Arrange Interview Yes No

Remarks: _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly rate/
Salary _____ Department _____

By _____
Name and Title Date

NOTES: _____

