



CITY OF SOUTH PORTLAND
 P.O. Box 9422
 South Portland, ME 04116-9422

APPLICATION for EMPLOYMENT
 (Please Print)

<p style="text-align: center;">Equal Employment Policy</p> <p>It is the policy of The City of South Portland to recruit and employ qualified personnel without discrimination based on Race, Creed, Color, Religion, Age, Sex, National Origin, or Disability at all of its facilities. The City is committed to providing equal employment opportunities (EEO) to all applicants.</p>	<p>Position for which you are applying:</p> <p>_____</p> <p>Salary/Rate Expected: _____ per _____.</p> <p>Circle all days and shifts for which you are available: SUN. MON. TUE. WED. THUR. FRI. SAT. Day • Evening • Night FULL TIME (35+) • PART-TIME (UNDER 35) SEASONAL - Available: _____ to _____</p>
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PERSONAL DATA

First Name _____	Middle _____	Last _____	Phone () _____
Street Address _____			
Number	Street	City	State Zip
Mailing Address _____			
Number	Street	City	State Zip
Social Security # _____		Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Age _____	

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME	CITY, STATE	COURSES STUDIED	GRADUATED		DEGREE EARNED
				NO	YES	
High School						
College or University						
College or University						
Trade School or Apprenticeship						
Certifications Held						

SKILLS or MANAGEMENT COURSES/SEMINARS

NAME of PROGRAM	OFFERED/SPONSORED BY	YEAR TAKEN

EMPLOYMENT DATA

STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, AND PROGRESSING BACKWARD, PLEASE ACCURATELY RECORD ALL OF YOUR WORK HISTORY. If necessary, continue list on separate sheet of paper, and attach to this application. Any omission or misrepresentation may result in your disqualification from employment consideration, or your termination if hired.

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

COMPUTER SKILLS

Describe your skills with personal computers, data entry and information systems. List programs with which you are familiar.

MECHANICAL/MACHINE OPERATING SKILLS (Complete this section only if applicable)

Machines/Equipment Operated	Length/Depth of Experience	Maintenance Of Machine?	
		Yes	No
1. _____	_____	Yes	No
2. _____	_____	Yes	No
3. _____	_____	Yes	No
4. _____	_____	Yes	No
5. _____	_____	Yes	No

Vehicle/Equipment Licenses held:	#	Class	Endorsements	Comments
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

ADDITIONAL DATA Any omission or misrepresentation below may result in your disqualification from employment consideration or your termination, if hired.

• Have you ever been disciplined for or had your employment terminated for attendance or punctuality issues? _____ No _____ Yes
 If yes, please explain:

• Have you ever been disciplined for or had your employment terminated for safety issues? _____ No _____ Yes
 If yes, please explain:

• Have you ever been disciplined for or had your employment terminated for: harassment; insubordination; threats or violence; willful damage to property; theft; or violation of policy? _____ No _____ Yes
 If yes, please explain:

• Do you have the full physical, mental, emotional and medical ability to perform the functions of the job for which you are applying, with or without reasonable accommodation? [If you require more information about this position before responding to this question, please request it.] _____ Yes _____ No
 If no, please explain:

ADDITIONAL DATA (Continued)

- Do you have the legal right to remain permanently in the United States? YES NO
- Do you have the legal right to work in the United States? YES NO
- Have you ever been convicted of a felony? NO YES

Date of conviction _____

____ If yes, explain: [Such a conviction does not necessarily disqualify you from employment consideration.]

- Have you ever worked for the City or the School Dept. of South Portland? YES NO
 If yes, when? _____ Where? _____
 In what capacity? _____ Reason for separation? _____

- Is there a current City employee who might act as a character reference on your behalf? YES NO
 If yes, name of employee(s) _____

READ THESE STATEMENTS VERY CAREFULLY BEFORE SIGNING! (If necessary, please ask for clarification.)

I understand that the purpose of this form is to provide individuals with a standard format by which they may apply for employment with the City of South Portland. It does not constitute or imply an employment contract, nor does its completion qualify me for employment consideration. In the absence of a clear, written agreement, signed by the City Manager, each employee is hired for an indefinite period and is an employee-at-will.

Public Law 91-508 requires that the City of South Portland advise you that an investigative consumer report, which provides information concerning your character and general reputation, may be used in the processing of your application. Upon written request, information as to the nature and scope of this report, if one is requested, will be provided.

I hereby authorize: the City of South Portland and its representatives to make any legal investigation of my background/work history deemed necessary; my previous employers to release information about my work history to The City of South Portland.

 SIGNATURE OF APPLICANT DATE

Should I be made an offer of employment by the City, I will have no objection to taking a medical exam. If hired, as a condition of continued employment with the City, I agree to abide by and observe all the policies and practices of this municipality.

 SIGNATURE OF APPLICANT DATE

I hereby certify that all of the information provided on this application form is truthful, accurate, and complete. I understand that any omission or misrepresentation of information requested/provided in this application may result in my disqualification of employment consideration or my dismissal from employment, if I have been hired.

 SIGNATURE OF APPLICANT DATE

FOR FUTURE EMPLOYMENT CONSIDERATION, YOU MUST RE-APPLY.