



P.O. Box 9422
 South Portland, ME 04116-9422
 www.southportland.org

Application for Employment

Equal access to employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy), age, national origin, mental or physical disability, sexual orientation, gender identity, gender expression, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department.

The City of South Portland provides qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship on the City of South Portland.

Please Print; Do Not Use Cursive

Name _____
First Middle Last

Address _____
Street City State ZIP Code

Telephone # () _____ **Cell/Other Phone #** () _____ **E-mail Address** _____

Position applied for _____ **Date of application** ____ / ____ / ____

Application for Employment Questions

- 1) If necessary, best time to call you is _____ AM PM
- 2) May we contact you at work? Yes No
 If yes, work number and best time to call: () _____
 _____ AM PM
- 3) If you are under 18 and it is required, can you furnish a work permit? Yes No
 If no, please explain:

- 4) Are you lawfully authorized to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.
- 5) What is your desired salary range or hourly rate of pay? \$ _____ per _____
- 6) Are you able to perform the “essential functions” of the job for which you are applying, either with or without reasonable accommodation? Yes No

Application for Employment Questions

- 7) Have you ever been convicted of a crime, or pleaded “guilty” or “no contest” to a crime? Yes No

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

If **yes**, please provide date(s) and details:

- 8) Are you currently employed? Yes

No

- 9) Have you ever been disciplined or discharged for harassment, insubordination, threats, violence, willful damage to property, theft, or a violation of policy that resulted in more than a verbal or written warning? Yes No

NOTE: Answering “yes” to this question does not constitute an automatic bar to employment. Factors such as date of the incident, seriousness and nature of the claim, and outcome of the disciplinary process will be taken into account.

If **yes**, please provide date(s) and details:

- 10) Summarize any special training, job-related skills, military training, internships, apprenticeships, foreign languages, computer proficiency, equipment operation, licenses and/or certifications that may assist you in performing the position for which you are applying:

- 11) To what professional organizations do you belong that are directly related to the necessary skills for the job, or the job itself, for which you have applied? Any offices held?

- 12) List any volunteer work that relates directly to the necessary skills for the job, or the job itself, for which you have applied.



Employment History

Starting with your most recent employer, provide the following information. (Or attach your resumé)

Employer	Telephone # ()	Month	Year	Month	Year
Street Address		Dates Employed / /			
City	State or Country	Job Title			
Immediate supervisor and title (for most recent position held)					
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

Employer	Telephone # ()	Month	Year	Month	Year
Street Address		Dates Employed / /			
City	State or Country	Job Title			
Immediate supervisor and title					
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

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Employer	Telephone # ()	Month	Year	Month	Year
Street Address		Dates Employed / /			
City	State or Country	Job Title			
Immediate supervisor and title					
Why did you leave?					
Summarize the type of work performed and job responsibilities.					



Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State or Country)	Completed	Major/Minor
	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

References

List names and telephone numbers of three work references who are *not* related to you. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Applicant Statement

I hereby certify that all the information I have provided in the above employment application is true, complete, and correct to the best of my knowledge.

I authorize the City of South Portland to investigate all statements and information provided in my application for employment as may be necessary, and by any and all means authorized or permitted by law.

I understand that any information provided by me in this employment application or interviews that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or if employed, may result in my immediate discharge, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

