



**TOWN OF STANDISH:** 175 Northeast Rd. Standish, ME 04084 (207) 642-3461 Email: [tpinkham@standish.org](mailto:tpinkham@standish.org)

**PLEASE READ BEFORE FILLING OUT THIS APPLICATION**

It is the policy of the Town of Standish to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonified occupational qualification as allowed by the Civil Rights Act of 1964. *An Equal Opportunity / Affirmative Action Employer*

**GENERAL INFORMATION & INSTRUCTIONS**

**Instructions to applicants:** (1) Print clearly in black or blue ink or in electronic format. (2) Answer each question clearly and completely. (3) All statements are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper. (4) "See resume" is not acceptable in any field.

**I. Applicant Information**

Position Applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Legal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid driver's license? YES NO

(Please list all licenses you possess that are relative to the position you seek). A valid license is a condition of employment, where required.

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

What other valid licenses or certifications do you possess (job related)? \_\_\_\_\_

How did you hear about this position? Website Employee Relative Friend  
Advertisement Other \_\_\_\_\_

**II. Personal Information**

Is there a current town employee who could serve as a character reference for you? YES NO

If yes, specify name and relationship:

Have you ever been employed by the Town of Standish? YES NO If Yes, please provide dates: \_\_\_\_\_

Are you currently employed? YES NO

Are you over age 18? YES NO *The Town of Standish is subject to certain child labor provisions regarding employment of persons under the age of 18. Further, an Employment Permit or Education Certificate may be required, depending upon your age.*

Are you legally eligible for employment in this country? YES NO

If applying for a seasonal position, what is the first and last day you are available to work? \_\_\_\_\_

**Immediate Family Members (who are employed by the Town of Standish):** Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Town. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling. Include those employed in all branches of town government; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our town have full confidence in their government and its hiring process. This disclosure will not be used to exclude any qualified applicant seeking a position from receiving full consideration based on the merits of his/her credentials and requirements of the job. Attach additional pages if needed:

Relative Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Dept/Title: \_\_\_\_\_

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### III. Education

Name and location of High School attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Name and location of College/Vocational School attended: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Please list any other skills or abilities you feel are relevant: \_\_\_\_\_

### IV. Employment History

**MOST RECENT EMPLOYER:**

<b>From</b>		<b>Job Title</b>	
<b>To</b>		<b>Employer</b>	
<b>Address of Employer</b>			
<b>Duties of Position:</b>			
<b>Supervisor's Name &amp; Title</b>			
<b>Reason for Leaving?</b>		<b>May we contact?</b>	

**PREVIOUS EMPLOYER:**

<b>From</b>		<b>Job Title</b>	
<b>To</b>		<b>Employer</b>	
<b>Address of Employer</b>			
<b>Duties of Position:</b>			
<b>Supervisor's Name &amp; Title</b>			
<b>Reason for Leaving?</b>			<b>May we contact?</b>

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<b>Address of Employer</b>			
<b>Duties of Position:</b>			
<b>Supervisor's Name &amp; Title</b>			
<b>Reason for Leaving?</b>			<b>May we contact?</b>

## V. Experience and Interests

What experiences have you had to prepare you specifically for the job for which you are applying?

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## VI. References

Please provide three business/work references that are not related to you. If not applicable, list three personal references that are not related to you

<b>Name</b>		<b>Phone #</b>		<b>How long have you known?</b>	
<b>Describe how you know this person?</b>					

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<b>Describe how you know this person?</b>					

<b>Name</b>		<b>Phone #</b>		<b>How long have you known?</b>	
<b>Describe how you know this person?</b>					

## *Applicant Statement*

I certify that all information I have provided, to apply for and secure work with the Town of Standish, is true, complete and correct to the best of my knowledge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Town of Standish's employment whenever it is discovered.

I expressly authorize the Town of Standish, its representatives, employees or agents, to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Town of Standish, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation for furnishing such information about me.

I understand that the Town of Standish does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If employed by the Town of Standish, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may require Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

I understand that the Town of Standish is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

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

Applicant Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Date Received: \_\_\_\_\_ Interview Scheduled: \_\_\_\_\_ Background Check: \_\_\_\_\_

Hired: \_\_\_\_\_ Not Hired: \_\_\_\_\_ Position: \_\_\_\_\_