

TOWN OF CORINNA

Incorporated December 11, 1816

8 Levi Stewart Drive

Corinna, ME 04928

E-Mail: corinnamgr@roadrunner.com

Lois A. Jones, Town Manager

Tel: 207-278-4183

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EMPLOYMENT APPLICATION

The Town of Corinna is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.

All employment decisions at the Town of Corinna are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____ Alternate phone: _____

Email Address: _____ Date of Application: _____

EMERGENCY CONTACT

Contact Name: _____

Relationship to you: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____ Alternate phone: _____

EMPLOYMENT POSITION

Employment Position Applied For: _____

Full or Part Time _____ Full time _____ Part time

When can you begin work if you are hired? _____

Salary Desired: \$ _____ per _____

Did anyone refer you to our company? If yes, who: _____

Have you applied to any position at our company previously? _____ Yes _____ No

If yes, when did you apply: _____

If yes, what position did you apply for: _____

Do you have any friends or family working at our company? _____ Yes _____ No

If yes, name: _____

How did you hear about this position? _____

WORK ELIGIBILITY

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

If offered employment, are you able to provide proof that you are legally eligible to work in the United States? _____ Yes _____ No

How you will get to work: _____

Driver's License (State/Number): _____

Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations: _____

If applicable, are you available to work overtime? _____ Yes _____ No

EDUCATION AND TRAINING

Please list the schools attended.
Include any other pertinent information about your education and training.

School name: _____

Address: _____

From: _____ To: _____ Did you graduate? _____ Yes _____ No

Subjects studied: _____

College/University: _____

Address: _____

From: _____ To: _____ Did you graduate? _____ Yes _____ No

Degree received: _____

Other: _____

Address: _____

From: _____ To: _____ Did you graduate? _____ Yes _____ No

Degree received: _____

Professional licenses, qualifications, or certifications:

Special Achievements or Awards:

Special Skills:

EMPLOYMENT HISTORY

Please list all jobs. Begin with the current or most recent employment. For gaps in employment, please include explanation. Continue on an extra sheet of paper if necessary.

Name of Employer: _____ From: _____ To: _____
Address: _____
Position: _____ Key Duties: _____
Reason for Leaving: _____
Supervisor Name: _____ Supervisor Phone: _____

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Address: _____
Position: _____ Key Duties: _____
Reason for Leaving: _____
Supervisor Name: _____ Supervisor Phone: _____

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Address: _____
Position: _____ Key Duties: _____
Reason for Leaving: _____
Supervisor Name: _____ Supervisor Phone: _____

Military Services? Yes No Branch: _____
Years of Service: From: _____ To: _____
Specialized skills or training: _____

REFERENCES

Name: _____ Relationship: _____
Address: _____
City, State, and Zip Code: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____
City, State, and Zip Code: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____
City, State, and Zip Code: _____ Telephone: _____

I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize the Town of Corinna to conduct any investigation deemed appropriate concerning my application.

I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application.

The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that no written or oral representations nor representations about the employment can alter the at will employment status, except those which are executed by representatives at the Town of Corinna with the express authority to do so.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE _____ DATE _____

TOWN OF CORINNA

MANDATORY BACKGROUND CHECK

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____

IMPORTANT: Previous Last name(s), Maiden name and/or aliases needed for background check.

Current Address: _____

Previous Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ Expiration: _____

I certify that the answers given above and on the employment application are true and complete to the best of my knowledge. I authorize investigation through the Maine State Bureau of Identification of all statements contained in the application as may be necessary in arriving at an acceptance or rejection decision for employment. In the event this application is accepted, I understand, also, that I am required to abide by all rules and regulations of the Town of Corinna.

Signature of Applicant

Date