

# TOWN OF CORINNA

Incorporated December 11, 1816

8 Levi Stewart Drive

Corinna, ME 04928

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Emillie G. Lemire, Interim Town Manager

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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: \_\_\_\_\_

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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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