

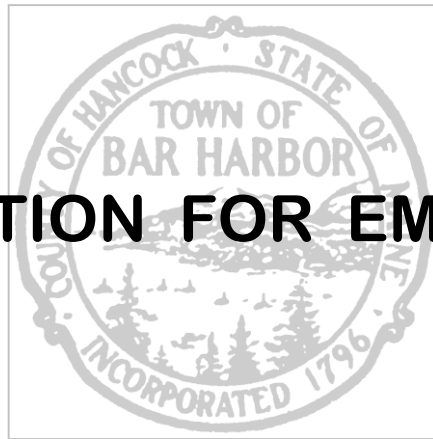
Name: _____

Position for which you are applying: _____

Town of Bar Harbor

Solid Waste Division
50 Public Works Way
Bar Harbor, ME 04609
(207) 288-4464 / (207) 288-0561
www.barharbormaine.gov

APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer

The Town of Bar Harbor does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age or disability in employment or the provision of services.

Town of Bar Harbor, Maine – APPLICATION FOR EMPLOYMENT

Please fill out all questions. Use fourth page if more space is required for any item.

PERSONAL

NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____
Street No. City State Zip

HOME TELEPHONE: _____ HOURS YOU MAY BE REACHED: _____

WORK TELEPHONE: _____ MAY WE CONTACT YOU AT WORK? YES NO

CELL PHONE: _____ EMAIL ADDRESS (OPTIONAL): _____

Were you ever convicted by a court of an offense other than a traffic violation? YES NO If yes, give details.

Are you age 18 or older? YES NO

Are you eligible to be lawfully employed in the United States? YES NO
(Proof of citizenship or immigration status will be required upon employment.)

Driver's License No.: _____ State: _____ Class: _____ Endorsements: _____

List any family members presently employed by the Town of Bar Harbor (including spouse, parents, children, siblings, uncles, aunts, nephews, nieces and any of the same related as in-laws, step-relations or half-relations).

MILITARY

Military Record: Are you a Veteran? YES NO

Honorable Discharge? YES NO

Branch of Service: _____

Dates of Service: _____

If you belong to the reserves, indicate branch or unit: _____

EDUCATION

Name and Location of Schools:

High School: _____

Did you graduate? YES NO

College or University: _____

Major Courses: _____

Did you graduate? YES NO If yes, with what degree? _____

Graduate Study, Business, Correspondence or Trade School Courses – Describe: _____

Major Courses: _____

Did you graduate? YES NO If yes, with what degree? _____

Continued on next page

List below your last three jobs; begin with your present or most recent position. List relevant activities.

FIRST or PRESENT:

Employer's Name: _____

Employer's Address: _____
Address City State Telephone

Dates of Employment – From: _____ / _____ To: _____ / _____
Month Year Month Year

Position Title: _____ Salary/Hourly: _____

Duties Performed: _____

Reason for Leaving: _____

May we contact your current employer? YES NO

Name and Title of Supervisor: _____

SECOND:

Employer's Name: _____

Employer's Address: _____
Address City State Telephone

Dates of Employment – From: _____ / _____ To: _____ / _____
Month Year Month Year

Position Title: _____ Salary/Hourly: _____

Duties Performed: _____

Reason for Leaving: _____

THIRD:

Employer's Name: _____

Employer's Address: _____
Address City State Telephone

Dates of Employment – From: _____ / _____ To: _____ / _____
Month Year Month Year

Position Title: _____ Salary/Hourly: _____

Duties Performed: _____

Reason for Leaving: _____

Give names and contact information of three persons not related to you who are thoroughly acquainted with your abilities.
Name Address Telephone Business/Profession

Continued on next page

