FOR OFFICIAL USE ONLY

Date Received: _____ Received By: _____

POSITION APPLIED FOR

Title: _____

Department: _____

Date You Are Available: _____

Town of Durham, Maine

EMPLOYMENT APPLICATION

RETURN TO:
Town of Durham, Maine
630 Hallowell Rd.,Durham, ME 04222
(207) 353-2561
FAX (207) 353-5367

GENERAL INSTRUCTIONS

To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
Your application must be received by the office announcing the vacancy by the closing date.
A separate application must be submitted for each vacancy.
All information you submit is subject to verification.
The Town of Durham hires only those lawfully authorized to work in the United States.
If you require special disability accommodations, notify the Town in advance.

HOW DO WE CONTACT YOU

Your Name

_____

Your Mailing Address

_____

City State Zip Code

_____

Home Phone Business Phone Email

_____

EDUCATION

HIGH SCHOOL:

Name and Address of School

☐ Received: Diploma ☐ Other (specify) ☐ None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

Name and Location of School	Credit Hours Earned	Course of Study	Degree

JOB RELATED TRAINING OR COURSE WORK

	Completed
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

EXPERIENCE

Describe in detail your work experience, beginning with your current employer. Use a separate block to describe each position. Include military service and rank and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as the application. Resumes are acceptable if they provide similar information.

Name of Last or Present Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reason For Leaving: _____

Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

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_____

Reason For Leaving: _____

Name of Next Previous Employer: _____

Address: _____Phone Number: _____

Your Job Title: _____Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

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Reason For Leaving: _____

Name of Next Previous Employer: _____

Address: _____Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

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Reason For Leaving:_____

LICENSURE/CERTIFICATION (Teacher Certification, Police Officer Certification, RN, LPN, PE, CPA, etc.)

LICENSE - CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	LICENSING AGENCY

KNOWLEDGE, SKILLS, AND ABILITIES (KSAs)

List the knowledge, skills, and abilities that you will bring to the job. To determine what specific KSAs are required for vacant position, see the applicable job description or contact the office or department that is advertising the vacancy.

KNOWLEDGE: Examples include: data collection, procedures of arrest, filing, computer programming, code enforcement, etc.

SKILLS: Examples include, operation of heavy equipment, personal computers, job related tools and equipment, use of firearms, etc.

ABILITIES: Examples include: Ability to write reports, deal effectively with people, solve problems, organize work and time, fluency in languages, etc.

CITIZENSHIP

Are you a U.S. citizen or are legally authorized to work in the U.S.?	☐ Yes	☐ No
NOTE: Proof of citizenship or authorization to work in the United States may be required.		

RELATIVES

To your knowledge, do you have any relatives currently working for the Town of Durham?	☐ Yes	☐ No

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff and other authorized municipal representatives of the Town of Durham for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for municipal employment may be public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____Date: _____