



www.biddefordmaine.org

APPLICATION FOR EMPLOYMENT

Return to:

Human Resources Dept.
205 Main Street
PO Box 586
Biddeford, ME 04005
(207) 286-0593
(207) 571-0674 (fax)

Thank you for your interest in employment with the City of Biddeford. The following information is provided to assist you in completing the application.

The City of Biddeford is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit, hire, promote and develop qualified persons without regard to race, sex, religion, national origin, age or disability, veteran status, ancestry, sexual orientation or any other basis prohibited by law.

The City of Biddeford retains Applications for Employment for two (2) years from the date they are received. However, applications are actively viewed for six (6) months from the date they are received.

Position Applied For: _____

Name: _____
Last First Middle

Social Security Number: _____ - -

Legal Address: _____
Street City State Zip

Mailing Address: _____
Street /PO Box City State Zip

Home Phone: _____ **Work Phone:** _____

Message Contact: _____
Name Address Phone

EDUCATION

Do you have a high school diploma or equivalent? (GED) <input type="checkbox"/> yes <input type="checkbox"/> no	Circle the highest grade completed – not including college. 1 2 3 4 5 6 7 8 9 10 11 12
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Special Training or Education beyond High School

Name of School/Location	Major Course	Credit Hours Completed	Type of Degree/ Date Received

EMPLOYMENT HISTORY

In the spaces below, list the specific tasks and responsibilities included in your work history, beginning with your most recent employment. If you have a long history of employment, be sure to list those jobs which best relate to the position for which you are applying. Employment verifications may be made regarding all of your past experience. Please note if you do not want your present employer contacted. Use additional pages as necessary.

Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours per week:			
Your Title:			May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no				
Present or Last Employer: Name/Address & Phone:			Supervisor - Name & Title:				
Reason for leaving:							
Duties (be specific):							

Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours per week:			
Your Title:			May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no				
Present or Last Employer: Name/Address & Phone:			Supervisor - Name & Title:				
Reason for leaving:							
Duties (be specific):							

Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours per week:
Your Title:			May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Present or Last Employer: Name/Address & Phone:			Supervisor - Name & Title:	
Reason for leaving:				
Duties (be specific):				

➤ **Please explain any gaps in your work history:**

➤ **List any experiences and/or skills that you feel would especially qualify you for this position.**

➤ **List any Professional registrations, journey-level licenses or other occupational certificates (furnish number if applicable):**

➤ **List related seminars or training (excluding formal education):**

➤ **List Membership in any technical/professional association:**

➤ **Do you hold a valid Maine Driver's License? Which class? Number?**

➤ **Have you ever been convicted of a felony?**

Employment references

(Include individuals who are qualified to evaluate your capabilities. Do not include relatives)

Name	Address	City	State	Phone

Signature of Applicant

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

The City of Biddeford is hereby authorized to make any investigation of my employment, educational or background history through any investigative agencies or bureau of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

If employed by the City of Biddeford, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily and/or regularly work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I also understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination and/or a drug and/or alcohol screen, performed by a qualified medical person of the City of Biddeford's choice. Such exam shall be paid for by the City of Biddeford. I also agree that all information concerning said physical examination and/or drug and/or alcohol screen; can be supplied to the City of Biddeford, or an authorized agent of this municipality, upon their request.

I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, within the probationary period.

Date:

Signature of Applicant: