

Town of Lincoln Employment Application (EOE)

www.lincolnmaine.org

Applications may be given or mailed to: 29 Main St. Lincoln, ME 04457



Job Data				
Position applying for:			Date you will be available:	
Personal Data				
Name:			Email:	
Address:				
City:		State:		Zip:
Phone#	Days:	Evenings:		Alternate:
Do you have the legal right to work in the U.S.? Yes No				
Date of birth (if younger than age 18):				
Have you ever worked for the Town? Yes No If yes, please give dates:				
Do you have any relatives employed with the Municipality? Yes No				
If yes, please list:				
Relationship	Name	Department		
	1.			
	2.			
	3.			
Have you had any traffic convictions or accidents in the last three years? Yes No				
If yes, please list:				
Date	Conviction / Accident			
	1.			
	2.			
	3.			
Driver's License # & State:		Class A, B or C:	Endorsement:	Expires:
Have you been convicted of any crime? Yes No				
If yes, please give details including dates, charges, and disposition, you may use another sheet of paper. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.				
Education				
Did you graduate or do you have a G.E.D.? Yes No			High School:	
Name of School, College(s) or University, Trade/Technical or Business School		Major / Course of Study	Credit Hours	Degree/Diploma
Skills Overview – Tell us about yourself...				
List computer software / programs that you use:				
Summarize relevant skills and experience that applies for the advertised position:				
Tools / machines you can operate:				
Light / heavy equipment you can operate:				

Employment History <i>Resumes may be attached, but will not be accepted in lieu of a completed application. Start with your most recent job and work backwards. If you do not specify whether or not to contact past employers, we will.</i>			
Current or most recent employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Present/Ending:		Hours per week:
Work Performed:			
Reason for leaving:			
<i>May we contact this employer if you are considered for the position? Yes No</i>			
Employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:		Hours per week:
Work Performed:			
Reason for leaving:			
<i>May we contact this employer if you are considered for the position? Yes No</i>			
Military Service			
<i>Have you ever served on active duty in the U.S. armed forces? Yes No</i>			
Dates:	From:	To:	
Branch:			
Primary Duties:			

References (may not be relatives/employees)	Position / Relationship	Phone #	Years Known

Conditions of Consideration for Employment

All information contained on the application is subject to verification. The Town of Lincoln will conduct background checks including, but not limited to, work references, driving records, criminal background records, personal recommendations and education attainment.

I understand an employment offer is also contingent upon successful review of work references, and satisfactory result of a background check. Certain positions are also conditioned on the successful completion of agility tests or skill evaluation and other appropriate investigations. I also understand that specific positions at the Town of Lincoln may require me to provide evidence of an acceptable driving record. I further understand that certain positions with the municipality may require the applicant to be eligible for bonding. In such instances, eligibility for bonding will be a consideration in determining an

applicant's fitness for such position.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices.

When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the application/recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Lincoln and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service, once hired.

In addition, I give the Town of Lincoln the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Lincoln in providing relevant, job related information that will assist in this hiring process. It is my understanding that this application along with any resume and letters/notes of reference, other than those letters and notes of reference I expressly submit in confidence, become a public document should I be hired by the municipality. As a result, I understand that the municipality cannot guarantee me confidentiality.

I have read and understand the above "Conditions of Consideration for Employment."

Yes No (*Please acknowledge by circling the appropriate word.*)

Print Name:	Date:
Signature:	

**For
Office**

Use Only:

Application Received Date: _____ Clerk/Employee: _____