

# APPLICATION FOR EMPLOYMENT

## Town of Machias

The Town of Machias considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

### PLEASE PRINT

Position(s) Applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How did you learn of this vacancy?

\_\_\_ Advertisement

\_\_\_ Relative

\_\_\_ Inquiry

\_\_\_ Employment Agency

\_\_\_ Friend

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

Best time to contact you at home is: \_\_\_\_\_

If you are under age 18 years of age, can you provide required proof your eligibility to work?

\_\_\_ Yes

\_\_\_ No

Have you ever filed an application with the Town of Machias before?

\_\_\_ Yes

\_\_\_ No

If yes, give date: \_\_\_\_\_

Have you ever been employed by the Town of Machias before?

\_\_\_ Yes

\_\_\_ No

If yes, give date: \_\_\_\_\_

Do any of your friends or relatives work for the Town of Machias?

\_\_\_ Yes

\_\_\_ No

Are you currently employed?

\_\_\_ Yes

\_\_\_ No

May we contact your present employer?

\_\_\_ Yes

\_\_\_ No

Are you prevented from becoming lawfully employed in this country because of VISA or Immigration Status?

\_\_\_ Yes

\_\_\_ No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_ On-Call

What shift are you available: \_\_\_ First \_\_\_ Second \_\_\_ Third \_\_\_ Weekends

Date Available to start: \_\_\_\_\_

Desired Salary Range: \_\_\_\_\_

Are you currently on lay-off status and subject to recall?

\_\_\_ Yes

\_\_\_ No

**THE TOWN OF MACHIAS IS AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Describe any specialized training, certification, skills, and apprenticeship. Please attach copies of certification certificates.

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Describe any job-related training received in the United States military.

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**List Professional, trade, business or civic activities and offices held:**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**EMPLOYMENT EXPERIENCE** (Start with present or last position.)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hourly/Salary Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hourly/Salary Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hourly/Salary Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hourly/Salary Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_

The above is a complete list of the employers I have had in the past 7 years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***If you need additional space, please continue on a separate sheet of paper.***

**REFERENCES:**

Please list 3 employment references. Do not include relatives.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Please list personal references below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Are you able to be bonded for insurance purposes?     Yes     No

I certify that all the answers given herein are true and correct. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered beyond this time frame should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Town Of Machias email: [townmanager@yahoo.com](mailto:townmanager@yahoo.com)**