



**TOWN OF BUCKSPORT**

PO Box Drawer X  
Bucksport, ME 04416  
207-469-7368  
Fax: 207-469-7369  
Email: rallen@bucksportmaine.gov

**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, national origin, religion, age, sex, marital or veteran status. The Town of Bucksport complies with all state and federal non-discrimination laws, including but not limited to the Americans with Disabilities Act.

**(PLEASE PRINT)**

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

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number & Street City State Zip

Telephone #: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

When can you start work? \_\_\_\_\_

Are you a U.S. citizen or an alien authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Are you a veteran of U.S. military service? \_\_\_\_ Yes \_\_\_\_ No  
If yes, list branch and dates of service \_\_\_\_\_

Have you been convicted of any violations of any State or Federal criminal law or code within the last 10 years? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential and marginal functions of the job applied for without accommodation? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Last year of education: High School College Post Graduate  
(please circle one) 9 10 11 12 13 14 15 16 17 18 19 20

Name of school: \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Describe any special skills, training, certification, experience or knowledge you have that is relevant to the job sought:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list your 3 last employers, starting with your current or most recent and working backward:

1) Company Name, Address and Telephone #. \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date Hired \_\_\_\_\_ Last Position Held \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Date Left \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2) Company Name, Address and Telephone #. \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date Hired \_\_\_\_\_ Last Position Held \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Date Left \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3) Company Name, Address and Telephone #. \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date Hired \_\_\_\_\_ Last Position Held \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Date Left \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

REFERENCES

On the following page, please list three employment references and three character references that the Town of Bucksport may contact in order to verify information in conjunction with your application for employment.

Employment references should include employers within the last three years. References from the same employer may be used in cases where you have only had one or two employers within the last three years.

Character references should not include friends or relatives. Examples of acceptable character references would include a local municipal official, local police officer, teacher, minister, etc.

Employment references:

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

Character references:

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize the Town of Bucksport to investigate all information set forth in my application by contacting my prior employers and listed references, and by any and all other means authorized or permitted by law. I understand that, if I am hired, omissions or false or misleading statements in this application or in interviews will be grounds for immediate termination of my employment.

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

\_\_\_\_\_  
Date

PLEASE COMPLETE THE ATTACHED EMPLOYMENT INVESTIGATION AUTHORIZATION FORM



**TOWN OF BUCKSPORT  
EMPLOYMENT INVESTIGATION AUTHORIZATION FORM**

I, \_\_\_\_\_ (please print) understand that, in order for the Town of Bucksport to assess my qualifications for the position of \_\_\_\_\_, a full background investigation is necessary. Therefore, I authorize the Town Manager for the Town of Bucksport, or agents, to arrange for or to conduct an investigation to verify information provided in my employment application by contacting employment and character references, by contacting schools that I attended, and by conducting a criminal and motor vehicle records check

I hereby authorize all my present and previous employers or references to furnish information concerning my personal character, habits and employment performance. I also authorize schools that I attended to provide verification of educational attainment.

\_\_\_\_\_

Applicant's Signature Date

Social Security Number      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_