



# Town of Yarmouth, Maine

## **APPLICATION FOR EMPLOYMENT**

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*Thank you for your interest in employment with the Town of Yarmouth.*

### **General Information and Instructions**

1. All items on the application form must be filled out or marked "NA" meaning they do not apply to the applicant. Failure to fully complete this form may result in automatic disqualification. Assistance is available upon request to help complete the application.
2. The Town of Yarmouth is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment or advancement because of race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation or any other basis protected by statute.
3. The Town of Yarmouth shall employ the best qualified persons who are available at the salary levels established for Town employment.
4. Upon appointment, all employees shall be subject to a period of six (6) months probation unless otherwise specified by the Personnel Rules and Regulations or applicable union contract.
5. Applications will be kept active for a period of one (1) year, during which they may be reconsidered for existing vacancies, upon request of the applicant.
6. Please return the signed Application with any supplemental material in person, by mail or email to:

**Yarmouth Town Hall Attn: Office  
of Human Resources  
200 Main Street  
Yarmouth, ME 04096  
Email: [HR@yarmouth.me.us](mailto:HR@yarmouth.me.us)  
Fax: 207-846-2403**

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

*It is the Town's policy to comply with all applicable federal and state laws prohibiting discrimination in employment based on race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation or any other basis protected by statute.*

## PERSONAL INFORMATION

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

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any relatives currently working for the Yarmouth? Yes  No

Are you authorized to work in the United States on an unrestricted Basis? Yes  No

Are you at least 18 years of age? Yes  No

If necessary for the job are you able to work overtime? Yes  No

Have you ever applied for employment or worked here before? Yes  No

If yes to either, please give details:

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes  No

Can you perform these essential functions with or without reasonable accommodations? Yes  No

Position Applied For: \_\_\_\_\_

When Can You Start: \_\_\_\_\_

## EDUCATION

Institution	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Training/Education:				

In addition to your work history (see next page), what other experiences, skills or qualifications would especially suit you for this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

(List your relevant employment history, including all jobs held for at least the past 10 years. Use separate sheets, if necessary)

<b>Most Recent Employer:</b>	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

<b>Previous Employer:</b>	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

<b>Previous Employer:</b>	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

<b>Previous Employer:</b>	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

<b>Previous Employer:</b>	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

**REFERENCES**

List two people not related to you who have known you for at least one (1) year.

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship &amp; Years Acquainted</b>
1.			
2.			

**PLEASE READ BEFORE SIGNING**

I certify that all statements made by me on this application, my resume and any other accompanying documents are true and complete to the best of my knowledge, and that I have withheld nothing which, if disclosed, would materially alter or contradict the facts contained therein. I understand that false statements, omissions or misrepresentations may result in the disqualification of this application for employment with the Town, or a withdrawal of any offer of employment, or if so employed, my dismissal from such employment.

I authorize my previous employers, schools which I attended and character references to provide any and all information pertaining to my tenure or contact with them, which is relevant to this application for employment; and I agree that persons or organizations providing such information, or the Town of Yarmouth, shall not be liable should the information so provided warrant my disqualification from employment with the Town or if employed, my dismissal from such employment.

I understand that it will be necessary to conduct a personal background and reference check, and if the position warrants it, criminal histories check. I hereby authorize the Town to conduct such an examination and persons or organization contacted to provide such information.

I further understand that any offer of employment is conditional upon satisfactory completion of a physical examination at the Town's expense, when the nature of the position requires one, and that the examination will focus on my present ability to perform the essential functions of the position.

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

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