Please mail or bring your completed application to:



Town of Durham Town Manager 630 Hallowell Road Durham, Maine 04222

Job Da	ta					
Job Title:			Date you will	l be availal	ble for employm	nent:
Job Posting 1	No:					
Persona	al Data					
Last Name:		First Nam	ne:		Middle:	
Address:						
City:		State:		7	Zip:	
Phone No.	Days:	Evenings	:	A	Alternate:	
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No						
Date of Birth	n (if less than 18):					
Have you ever If yes, please	er worked or volunteered for the give dates:	Municipality	? Yes	No	o	
	any relatives employed with the	Municipality	? Yes	No	o	
If yes, please Name	e list: Divis	sion		Relationsh	nip	
Name	Divis			Relationsh		
Name Division Relationship						
Driver's Lice	ense No. and State:					
Have you ha	d any traffic convictions or accide	ents in the las	st three years?	Ye	es N	[o
If yes, please Conviction o Conviction o	or Accident or Accident			Date Date Date		

Commercial Driver's License No. & State:	rcial Driver's License No. & State: Class:		Endorsements:		Expires:
Please list other names you have used:	!				l
Have you been convicted of any crime? Yes charts, and disposition. Convictions are not an a offense and its relationship to the position for w	absolute b	ar to emplo			
Education Note: Complete this application Resumes may be attached, but will not be accept					ot be accepted.
Did you graduate from High School or do you have Yes No	ave a G.E.	D.?	High School N Location:	Name:	
Name of School, College(s) or University	Major		Credit Hours	S	Degree*
*Proof of degrees from College/University obtained v	vill be requ	ired upon hi	ire.		
Name of Trade/Technical/Business or Other School(s) Attended		Cours	e of Study		Diploma
List other licenses held (date & #), professional	registratio	ns (date), c	ertificates and	professional	memberships:
List Honors, Awards, Fellowships:					
Skills Overview					
Approximate Typing Speed in words per minute	:				
List computer software with which you are family	liar:				
Fluent in a language other than English: Langu	age(s):		Speak:	Read:	Write:

Please summarize relevant	skills and experience that	exemplify your qual	ification	ns for the above position:
Tools and machines you can	n use and operate:			
Light or heavy motor vehic	le equipment you can ope	erate:		
Summarize Volunteer Servi	ces work including dates:			
Summarize Leadership Rol	es:			
Employment His not be accepted. Resumes	tory Note: Complete the may be attached, but will	nis application in its not be accepted in li	entirety ieu of a	y, incomplete applications will completed application.
Employment His not be accepted. Resumes Current or most recent emp	may be attached, but will	his application in its not be accepted in li	ieu of a 	o, incomplete applications will completed application. One:
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not be accepted. Resumes Current or most recent emp Address: Your Title: Employment Dates	loyer: From:	not be accepted in l	Pho	one:
not be accepted. Resumes Current or most recent emp Address: Your Title: Employment Dates Supervisor's Name/Title:	loyer: From:	not be accepted in l	Pho	one:

Employment His not be accepted. Resumes	tory Note: Co may be attached,	mplete this application in but will not be accepted	its entirety in lieu of a	e, incomplete applications will completed application.
Employer:			Pho	one:
Address:			•	
Your Title:				
Employment Dates	From:		To:	
Supervisor's Name/Title:	-		.	
		Present/Ending:		Hours per week:
Work Performed:				<u> </u>
Reason for leaving:				
May we contact this employ	yer if you are con	nsidered for the position?	Yes	No
Employer:			Ph	one:
Address:				
Your Title:				
Employment Dates	From:		To	:
Supervisor's Name/Title:	·			
		Present/Ending:		Hours per week:
Work Performed:				1
Reason for leaving:				
May we contact this emplo	yer if you are con	nsidered for the position?	Yes	No

Employment History Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.							
Employer:		Phone:					
Address:							
Your Title:							
Employment Dates	From:	То:					
Supervisor's Name/Title:							
	Present/Ending:	Hours per week:					
Work Performed:							
Reason for leaving:							
May we contact this employer if yo	ou are considered for the position? Yes	es No					
Employer: Phone:							
Address:							
Your Title:							
Employment Dates From:		То:					
Supervisor's Name/Title:							
	Present/Ending:	Hours per week:					
Work Performed:	•	·					
Reason for leaving:							
May we contact this employer if yo	ou are considered for the position? Yes	es No					

Military Service						
Have you ever	served on active duty in the U.S. Armed Forces?	Yes	No			
Dates:	From:	То:				
Branch:						
Primary Duties						

Conditions of Consideration for Employment

All information contained on the application is subject to verification. The Municipality of Durham, Maine will conduct background checks including, but not limited to, work references, driving records, criminal background records 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 Municipality of Durham, Maine 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 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 Municipality of Durham, Maine and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service.

In addition, I give the Municipality of Durham, Maine 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 Municipality of Durham, Maine in providing relevant, job related information that will assist in this 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 can not guarantee me its confidentiality.

I have read and	understand	the above '	"Conditions	of Considera	ation for E	imployment."
Yes	No	(Please	acknowledg	e by circling	the appro	priate word.)

Print Name:	Date:
C: matura.	
Signature:	