



# Town of Gorham Employment Application

75 South St Suite 1  
Gorham, ME 04038  
[www.gorham-me.org](http://www.gorham-me.org)

**Instructions:** Please complete this application by answering each and every question on it. You may attach a resume, but information poriced on the resume should not be substituted for the completion of the application. Use blank paper if you do not have enough room on this application.

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), gender, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preference or discrimination based upon non-job-related information.

|                       |   |                      |                       |
|-----------------------|---|----------------------|-----------------------|
| Position Applied For: | Type of Employment:   | Date of Application: | When could you start? |
|                       | Full Time <input type="checkbox"/> Summer <input type="checkbox"/><br>Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> |                      |                       |

|  |            |             |
|--|------------|-------------|
| Name of Applicant (please indicate how you wish to be addressed) |            |             |
| Last Name  | First Name | Initial (s) |

|  |                 |
|--|-----------------|
| Address (no., Street, City, State, Zip Code) (include mailing address) | e-mail address: |
|--|-----------------|

|   |                         |            |
|---|-------------------------|------------|
| Social Security Number (optional) (Required after hire) | Telephone Number (Home) | (Business) |
|---|-------------------------|------------|

Do you have military experience in the Armed Forces of the United States YES  NO   
If so, which branch?

|   |                               |                 |
|---|-------------------------------|-----------------|
| Are you legally authorized at the time of hire to work in the United States | Date available for employment | Salary Expected |
| YES <input type="checkbox"/> NO <input type="checkbox"/>                    |                               |                 |

|   |        |                 |
|---|--------|-----------------|
| For jobs involving driving, do you have a valid driver's license? | Class: | License Number: |
| YES <input type="checkbox"/> NO <input type="checkbox"/>          |        |                 |

### Education:

|  |                                      |                |
|--|--------------------------------------|----------------|
| Secondary School attended and location | Highest grade successfully completed | Year Graduated |
|--|--------------------------------------|----------------|

|                                  |                        |                |                            |
|----------------------------------|------------------------|----------------|----------------------------|
| University attended and location | No. of years completed | Year Graduated | Degrees or # of Credit Hrs |
|----------------------------------|------------------------|----------------|----------------------------|

Major subjects of specialization

|   |                        |                |                            |
|---|------------------------|----------------|----------------------------|
| Community College attended and location | No. of years completed | Year Graduated | Degrees or # of Credit Hrs |
|---|------------------------|----------------|----------------------------|

Major subjects of specialization

Other Educational Training/Courses. List any Licenses or Certifications held.

### Employment History (list present or most recent positions first)

|                     |         |            |      |
|---------------------|---------|------------|------|
| 1. Name of Employer | Address | No. Street | City |
|---------------------|---------|------------|------|

|                  |            |               |
|------------------|------------|---------------|
| Type of Business | Department | Your Position |
|------------------|------------|---------------|

Duties

Name and Position of immediate supervisor

|                               |                           |                 |              |
|-------------------------------|---------------------------|-----------------|--------------|
| Date Employed (Day, Mo., Yr.) | Date Left (Day, Mo., Yr.) | Starting Salary | Final Salary |
|-------------------------------|---------------------------|-----------------|--------------|

Reason for leaving

|                     |         |            |      |
|---------------------|---------|------------|------|
| 2. Name of Employer | Address | No. Street | City |
|---------------------|---------|------------|------|

|                  |            |               |
|------------------|------------|---------------|
| Type of Business | Department | Your Position |
|------------------|------------|---------------|

Duties

Name and Position of immediate supervisor

|                               |                           |                 |              |
|-------------------------------|---------------------------|-----------------|--------------|
| Date Employed (Day, Mo., Yr.) | Date Left (Day, Mo., Yr.) | Starting Salary | Final Salary |
|-------------------------------|---------------------------|-----------------|--------------|

Reason for leaving

|                     |         |            |      |
|---------------------|---------|------------|------|
| 3. Name of Employer | Address | No. Street | City |
|---------------------|---------|------------|------|

|                  |            |               |
|------------------|------------|---------------|
| Type of Business | Department | Your Position |
|------------------|------------|---------------|

Duties

Name and Position of immediate supervisor

|                               |                           |                 |              |
|-------------------------------|---------------------------|-----------------|--------------|
| Date Employed (Day, Mo., Yr.) | Date Left (Day, Mo., Yr.) | Starting Salary | Final Salary |
|-------------------------------|---------------------------|-----------------|--------------|

Reason for leaving

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE?      YES            NO     

**Skills**

| Skill/Aptitude | Years of Experience | Types | List any training courses completed which may be helpful in considering your application |
|----------------|---------------------|-------|--|
| Data Entry     |                     |       |  |

Truck/Heavy Equipment  
Operation

Have you applied with the Town of Gorham before?  
If so, when and for what position?

YES  NO

Were you ever employed by the Town of Gorham before?  
if so, when, and in what capacity?

YES  NO

Whom do you know that works for the Town of Gorham?

How did you learn of this opening?

Languages (spoken, written, read) Note fluency

Special talents

Are you over 18 years of age?

YES  NO

A medical exam may be required after an offer of employment has been made

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest"  
(Exclude minor traffic violations)

YES  NO

If yes, give details. A conviction will not necessarily disqualify an applicant for employment.

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks  
in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional remarks

**References (please do not list relatives or former employers)**

| Name | Occupation | Address & Phone Number |
|------|------------|------------------------|
|      |            |                        |
|      |            |                        |

Note: A job offer may be contingent upon acceptable references from current and former employers.

---

Have you worked or attended school under any other name? YES  NO   
If yes, give names:

---

Are you presently employed? YES  NO   
If yes, whom do you suggest we contact?

---

Have you ever been fired from a job or asked to resign? YES  NO   
If yes, please explain:

---

**AFFIDAVIT, CONSENT AND RELEASE**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

---

I Certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successful passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Date:

Signature of Applicant: