ELLSWORTH
Business, Leisure, Life.
City of Ellsworth ▪ 1 City Hall Plaza ▪ Ellsworth, ME 04605
Phone (207) 667-2563 ▪ Fax (207) 667-4908 ▪ www.cityofellsworthme.org

Employment Application
We are an equal opportunity Employer

Date _____

Job Title you are seeking _____

Last Name _____ First Name _____

Address _____ Phone _____

Address _____ Email _____

All applicants who are offered employment must provide documentation to 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? _____

Date of Birth (if less than 18 years old): _____

Driver's License No. & State: _____ Class: _____ Expiration Date: _____

Have you ever been employed by or done any volunteer work for the City of Ellsworth?

_____

Do you have any relatives employed with the City of Ellsworth?
(If yes, please list name(s):

_____

Please list all traffic convictions or accidents in the past 3 years:

_____

_____

Please use other names you have used in the past:

_____

Have you ever been convicted of a crime? If yes, please give explanation.

_____

_____

Education

Did you receive a High School Diploma or GED equivalent? _____

Name of High School and location: _____

Name of School, College, Or University	Major	Credit Hours	Degree*

*Proof of degrees from College/University will be required.

Name of Trade, Technical, Business, Other School	Course of Study	Diploma

List other licenses held, date & license number; professional registrations & dates; certificates & professional memberships: _____

_____

List Honors, Awards, Fellowships: _____

_____

Skills Overview

List computer software with which you are familiar: _____

List languages, other than English, that you speak fluently, read and/or write: _____

Summarize relevant skills & experience that exemplify your qualifications for the above position:

_____

_____

List tools & equipment you can operate: _____

_____

Summarize Volunteer Services work you have done, including dates: _____

_____

Summarize Leadership Roles you have experienced: _____

_____

Employment History

Current or most recent employer: _____

Address: _____ Phone: _____

Your Title: _____ Dates of Employment – From: _____ To: _____

Supervisor's Name/Title: _____

Salary – Starting: _____ Ending: _____ Hrs. Per Week: _____

Work Performed: _____

Reason for Leaving: _____

Next most recent employer: _____

Address: _____ Phone: _____

Your Title: _____ Dates of Employment – From: _____ To: _____

Supervisor's Name/Title: _____

Salary – Starting: _____ Ending: _____ Hrs. Per Week: _____

Work Performed: _____

Reason for Leaving: _____

Next most recent employer: _____

Address: _____ Phone: _____

Your Title: _____ Dates of Employment – From: _____ To: _____

Supervisor's Name/Title: _____

Salary – Starting: _____ Ending: _____ Hrs. Per Week: _____

Work Performed: _____

Reason for Leaving: _____

City of Ellsworth
AUTHORIZATION FOR RELEASE OF INFORMATION

Employer's Name:
Contact Person:
Employer's Address:

I have filed an application for employment with the City of Ellsworth, Maine. Information regarding my employment with your organization is as follows:

Dates of employment: From _____ To _____
Position: _____

I hereby empower an employee of the City of Ellsworth or other authorized representatives bearing this release (or facsimile or copy) to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service System.
3. Any banking institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university or other educational institution.
9. Other: Law Enforcement Records

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization are: _____

_____ _____
NAME Address

_____ _____
SIGNATURE Date

Witness: _____ Title: _____

Any information furnished relative to the application of the above individual will be treated with strictest confidence. An applicant typically will not be eliminated or selected on the basis of a single reference. Please complete the employment reference section attached.

ELLSWORTH POLICE DEPARTMENT

1 City Hall Plaza P.O. Box 586 Ellsworth, ME 04605
Telephone - (207)667-2168 Fax – (207)667-4916
Internet – www.cityofellsworthme.org E-Mail – jdeleo@cityofellsworthme.org

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The Ellsworth Police Department 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 Ellsworth Police Department may require me to provide evidence of an acceptable driving record.

I further understand that certain positions with the Department 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 positions.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

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 Ellsworth Police Department 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 Ellsworth Police Department 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 Ellsworth Police Department 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, will become a public document should I be hired by the Ellsworth Police Department. As a result, I understand that the Ellsworth Police Department cannot guarantee me its confidentiality.

I have read and understand the above "**Conditions of Consideration for Employment**"

_____
(Printed Name)

_____
(Signature)

_____
Date