



City of Ellsworth ♦ 1 City Hall Plaza ♦ Ellsworth, ME 04605  
Phone (207) 667-2563 ♦ Fax (207) 667-4908 ♦ [www.cityofellsworthme.org](http://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: \_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Next most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Next most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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.*

