

**Town of Stonington**  
PO Box 9  
32 Main Street  
Stonington, Maine 04681  
(207)367-2351 (207)367-6361 fax  
TownManager@StoningtonMaine.org

**- Application for Employment -**

**General Information and Instructions**

1. All items on application forms must either be filled out or marked "NA" meaning that 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 form.
2. The Town of Stonington is an Equal Opportunity Employer and does not discriminate against an employee or applicant for employment because of race, color, sex, marital status, physical/mental handicap, religion, age, ancestry or national origin based upon a bona fide occupational qualification.
3. The Town of Stonington 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 six month probationary period unless otherwise specified by the personnel policy.
5. Please return signed application with any supplemental material to:

Municipal Offices  
PO Box 9  
32 Main Street  
Stonington, ME 04681  
(207)367-2351 (207)367-6361 fax  
TownManager@StoningtonMaine.org

# Application for Employment

## TOWN OF STONINGTON

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, sexual orientation, disability, veteran status, or any other characteristic protected under local, state or federal law.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Position Applied For (*Note: a separate application is required for each position posted*)  
\_\_\_\_\_

How did you hear of the position? \_\_\_\_\_

### Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree/Certification
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		Months Attended		
Other Licenses or Certifications		Length of Program		

# Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.)  From:  To:	Address/City/State	Beginning salary and last salary	Reason for leaving
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Type of work performed:

Name of Supervisor and contact information:

Employer	Employed (mo./Yr.)  From:  To:	Address/City/State	Beginning salary and last salary	Reason for leaving
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Type of work performed:

Name of Supervisor

Employer	Employed (mo./Yr.)  From:  To:	Address/City/State	Beginning salary and last salary	Reason for leaving
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Type of work performed:

Name of Supervisor

If you served in the United States Armed Forces, briefly list the dates, rank, and skills acquired:

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## Personal Information

Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation? Yes  No

Are you legally authorized to work in the U.S.?

Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Are you at least 18 years of age?

Yes  No

If required for the position, do you have a clean driving record? License # \_\_\_\_\_ Yes  No

If no, explain: \_\_\_\_\_

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Please list any special office/software skills: \_\_\_\_\_

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Please list any special equipment skills: \_\_\_\_\_

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Please list any other skills: \_\_\_\_\_

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If hired, when would you be available? \_\_\_\_\_

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What are your salary requirements? \_\_\_\_\_

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# References

NAME	HOW THEY KNOW YOU	EMAIL ADDRESS	PHONE NUMBER

Are you presently employed? Yes  No  If so, may we contact your present employer? Yes  No

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind.

I agree that the Town shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application.

I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required.

I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications.

I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed Applications must be dropped off at the Town Office or mailed to the following address:

Town of Stonington  
PO Box 9  
32 Main Street  
Stonington, Maine 04681