



APPLICATION FOR EMPLOYMENT

Town Manager  
62 East Main Street  
Denmark, Maine 04022

The Town of Denmark is an Equal Opportunity Employer. The Town of Denmark does not discriminate in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral or any other aspect of employment on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. The Town of Denmark does not discriminate against qualified applicants and employees with disabilities in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral or any other aspect of employment. The Town of Denmark also provides qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship on Town of Denmark.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How long have you lived at the above address: \_\_\_\_\_

Are you 18 years or older:  Yes  No  
Are you currently employed:  Yes  No If Yes may we contact your current employer:  Yes  No  
Are you prevented from lawfully becoming employed in this country due to Visa or Immigration Status:  Yes  No  
(proof of citizenship or immigration status is required upon employment)  
Are you related to a Town employee:  Yes  No  
If yes, list family member's name and relation: \_\_\_\_\_  
Have you ever been employed by the Town of Denmark?  Yes  No  
If Yes, Please list department and position: \_\_\_\_\_  
Do you have any experience working in a municipality?  Yes  NO  
If Yes, Please list de

**Education & Training**

	Name & Location of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Technical/Other				

**Military Service**

Were you in the Armed Forces:  Yes  No If yes, which branch: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
Please list duties and training: \_\_\_\_\_

**Do you possess a valid Maine Driver's License:**  Yes  No  
License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ License Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
Has your license, permit or privilege ever been suspended or revoked:  Yes  No

**Employment History**

Company Name & Location (start w/most recent employer)	Position Held	Dates	Reason for Leaving	Supervisor's Name
		<i>From:</i>		
		<i>To:</i>		
		<i>From:</i>		
		<i>To:</i>		
		<i>From:</i>		
		<i>To:</i>		

List any other qualifications or experience you may possess which you think is applicable to the position you are applying for (Such as typing, shorthand, equipment you can operate, other languages you know, etc.). (Attach additional sheet or resume)

**Professional References (Cannot be a relative.)**

Name & Occupation	Address	Phone Number
1.		
2.		
3.		

<b>CDL Drivers Only</b>				
Accident Record for past three (3) years: (attach sheet if more space is needed)				
Date of Accident	Nature of Accident	Location of Accident	# of Fatalities	# of People Injured
Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):				
Date	Location	Charge	Penalty	
Driving Experience				
Class of Equipment	From Date	To Date	Approximate Number of Miles	
Straight Truck				
Tractor & Semi trailer				
Tractor & Two Trailers				
Tractor & Triple Trailers				
Other				
Were you ever subject to FMCSR (Federal Motor Carrier Safety Regulations) while working for a past employer? Yes      No				
Were any of your past jobs designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?      Yes      No				

**Applicant’s Statement and Conditions of Employment**

*Please read carefully before signing:*

“I certify that this application was completed by me and that the answers given by me in this employment application are true, correct and complete. I agree that the Town shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in the application. Moreover, I understand that all offers of employment are contingent upon passing the Town’s prescribed physical examination and/or drug screen and background checks.”

“I agree, as a condition of my employment (should I be employed by the Town), to submit to a medical examination and/or drug screen paid for by the Town based on the position that I accept. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever; together with any information they have regarding me, whether or not it is in their records. I hereby release all physical examiners, companies, schools, or other persons from liability from any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Town to employ me.”

“I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit and indebtedness may be obtained prior to any final offer of employment. I also agree and understand that per the Fair Credit Reporting Act, Public Law 91-508, that this is my notice of investigation.”

“I understand that nothing contained herein is intended to create a contract between the Town and me for either employment or the provision of any compensation or benefits. I understand that if I am employed by the Town I may be subject to a probationary period during which time I may be terminated with or without cause.”

“During my employment with the Town of Denmark and after my employment with the Town ends, I agree not to disclose any confidential information regarding the Town’s operations or personnel. A copy of this form may be used as the original. The use of the results from this form and/or test will be used for prudent employment decisions.”

This application is valid for sixty days from the application date unless renewed in person, or in writing.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Department: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_