

Kennebunk Recreation Department

APPLICATION FOR EMPLOYMENT

1 Summer Street, Kennebunk, ME 04043

Phone: 207 604-1335, Fax: 985-4609

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a no-job-related medical condition or handicap, or any other legally protected status.

We are an Equal Opportunity Employer

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Street	City
		State
Zip Code		
Telephone Number(s)	Drivers License # / Expiration Date	Social Security Number
Cell Number	Are you at least 18 years of age? (PLEASE CIRCLE) Yes No	Email

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever been employed with us before? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment). Yes No
- On what date would you be available for work? _____
- Are you available to work: Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you been convicted of a crime, misdemeanor or felony, or have you had any driving infractions that resulted in loss of license? Yes No
Conviction will not necessarily disqualify an applicant from employment.
- If Yes, please explain (what & when) _____
- Please explain other facts or circumstances (if any) involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people: _____

Education

School Name & Location	High School				Undergraduate College / University				Graduate / Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												

References: *List references who are not related to you and are not previous employers.*

NAME	ADDRESS	PHONE	OFFICIAL POSITION

• Have you ever had any job-related training in the United States military? Yes No

• If Yes, Please describe

• Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

• Are you CPR or First Aid Certified? Yes No

• Have you had a Tuberculosis Test (TB)? Yes No Date: _____

• Have you had a Hepatitis A Virus Test (HAV)? Yes No Dates: _____

• Have you had a Hepatitis B Virus Test (HBV)? Yes No Dates: _____

COMMENTS OR ADDITIONAL EXPLANATIONS FROM ANSWERS ABOVE:

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

LIFEGUARD APPLICANTS ONLY

DO YOU HAVE ANY OF THE FOLLOWING TRAINING?

CPR CARD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:	Expiration:
FIRST AID CARD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:	Expiration:
LIFEGUARD COURSE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:	Expiration:

OTHER CERTIFIED COURSES: (Please List)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer		Dates Employed		Work Performed
Address	Telephone Number(s)	<i>From</i>	<i>To</i>	
Job Title		Supervisor		
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
Address		<i>From</i>	<i>To</i>	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
Address		<i>From</i>	<i>To</i>	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Have you ever resided outside the State of Maine?

Yes No

Please list the last legal addresses for the past 10 years if you have resided outside the State of Maine:

AWARDS, ACCOMPLISHMENTS AND OTHER INFORMATION PERTINANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I fully understand that the employment will be determined on the passing of a background check.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed by _____ Date _____

Refused base on: _____ Date _____

Criminal Check done on: Date _____ By _____

Notes: _____

Employed: YES NO Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

NOTES:
