



**BRUNSWICK & TOPSHAM
WATER DISTRICT**

Mailing Address:
PO Box 489
Topsham, ME 04086


**Application for
Employment**


We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.


Driver's License # _____ State: _____


Personal Information


<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
<u>Address</u>	<u>City</u>	<u>State</u>
		<u>Zip Code</u>
<u>Telephone Number(s)</u>		
Home: () _____	Cell: () _____	Email: _____

Position Applying For:
 _____




If you are under the age of 18, can you provide required proof of your eligibility to work?
 _____


Have you ever filed an application with us before?
 If yes please provide date _____

Have you ever been employed with the District before?
 If yes please provide date _____

Are you currently employed?
 _____

Date available to start ____/____/____ What is your desired salary range? _____

Are you available to work:
 Please indicate: 1 2 3 shift Full- Time
 Please indicate: Mornings Afternoons Evenings Part-Time
 Dates available: ____/____/____ to ____/____/____ Temporary

Can you travel if the job requires?
 _____


 May we contact your present employer?
 Yes
 No

<u>Employer:</u>	<u>Dates Employed</u>		<u>Work Performed</u>
	<u>From</u>	<u>To</u>	
<u>Address:</u>			
<u>Telephone:</u>			
<u>Job Title:</u>			
<u>Supervisor:</u>			
<u>Reason for Leaving:</u>			
<u>Employer:</u>	<u>Dates Employed</u>		<u>Work Performed</u>
	<u>From</u>	<u>To</u>	
<u>Address:</u>			
<u>Telephone:</u>			
<u>Job Title:</u>			
<u>Supervisor:</u>			
<u>Reason for Leaving:</u>			
	<u>Dates Employed</u>		<u>Work Performed</u>
	<u>From</u>	<u>To</u>	
<u>Address:</u>			
<u>Telephone:</u>			
<u>Job Title:</u>			
<u>Supervisor:</u>			
<u>Reason for Leaving:</u>			

References

Business references (do not list relatives)				
Name	Address	Phone	Relationship	Years Known

Please Read Carefully

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "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