



# EMPLOYMENT APPLICATION TOWN OF POLAND, MAINE

**For Office Use Only**

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

Received by: \_\_\_\_\_

The Town of Poland is an equal opportunity employer. We do not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including pregnancy), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, or any other characteristic protected by law. The Town of Poland prohibits discrimination or harassment on any such basis.

NOTE: If you need assistance in completing this application form or during any point of the application, interview, or employment process, please notify Human Resources or the Town Manager and every reasonable effort will be made to accommodate your needs efficiently.

## APPLICANT INFORMATION

Last Name		Date	
First Name		Middle Initial	
Address			Apartment/Unit #
City	State	Zip	
Phone	Email Address		
Are you legally authorized to work in the U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you at least 18 years or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If no, you may be required to provide authorization to work.</i>
Have you ever applied to this municipality before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If so, when?</i>

## EDUCATION

School		Major	Degree
High School		N/A	
College/Univ.			
College/Univ.			

Relevant Training or Certifications:

Relevant Skills or Qualifications:

## REFERENCES

Full Name		Relationship
Company		Phone
Email address		
Full Name		Relationship
Company		Phone
Email address		
Full Name		Relationship
Company		Phone
Email address		

## EMPLOYMENT APPLICATION TOWN OF POLAND, MAINE

### WORK HISTORY May we contact your present employer? YES NO

Most Recent Employer	Address	Phone
Position(s)	Supervisor Name and Title	
Description of Duties		
From _____ to _____	Reason for Leaving	
Previous Employer	Address	Phone
Position(s)	Supervisor Name and Title	
Description of Duties		
From _____ to _____	Reason for Leaving	
Previous Employer	Address	Phone
Position(s)	Supervisor Name and Title	
Description of Duties		
From _____ to _____	Reason for Leaving	

Additional Experience:

### MILITARY SERVICE

Branch	From _____ to _____
Rank at Discharge	

Please describe training received and/or work experience:

## EMPLOYMENT APPLICATION TOWN OF POLAND, MAINE

### FIRE RESCUE ONLY

**Complete this section only if you are applying for a position/membership with Poland Fire Rescue**

Have you ever been a member of Poland Fire Rescue?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when:
Have you ever been employed by any Fire Rescue organization?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, where:
Are you currently certified as a Firefighter in Maine?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you currently hold an EMS license in the State of Maine?	YES <input type="checkbox"/> NO <input type="checkbox"/>	License # Level

Why do you want to join Poland Fire Rescue?

List any friends/relatives working with Poland Fire Rescue:

### DISCLAIMER AND SIGNATURE

YES <input type="checkbox"/> NO <input type="checkbox"/>	I certify that all information submitted by me on this application is true and complete. I authorize the Town of Poland to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Town of Poland to hire me. If I am hired, I understand that either the Town or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Town.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I understand and agree that I may be required, as a result of the job classification, to take one or more physical examination(s) and alcohol and drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time designated by the Town of Poland and to release the Town, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).
Date	Signature