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LEWISTON ME

APPLICATION FOR EMPLOYMENT

Human Resources Department
City Hall 27 Pine Street, Lewiston ME 04240

The City of Lewiston is an Equal Opportunity Employer. The City of Lewiston 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 City of Lewiston 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 City of Lewiston also provides qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship on the City of Lewiston.

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: _____

Have you even been employed by the City of Lewiston, including the Lewiston School Department before?
☐ Yes ☐ No If Yes, Please list department and position: _____

Are you 18 years or older: ☐ 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 City employee: ☐ Yes ☐ No

If yes, list family member's name and relation: _____

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 From: To:	Reason for Leaving	Supervisor's Name
		From: To:		
		From: To:		
		From: To:		

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.		

CDL Drivers Only

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 City shall not be liable, in any respect, in 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 City'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 City), to submit to a medical examination and/or drug screen paid for by the City 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 City 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 City and me for either employment or the provision of any compensation or benefits. I understand that if I am employed by the City I may be subject to a probationary period during which time I may be terminated with or without cause."

"During my employment with the City of Lewiston and after my employment with the City ends, I agree not to disclose any confidential information regarding the City'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: _____

Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

AUTHORIZATION FOR BACKGROUND INVESTIGATION

My signature below constitutes authorization for release to the City of Lewiston, Maine all information relating to my employment, criminal and driving history, including without limitation, criminal arrest and conviction record checks, reference checks and release of investigatory information possessed by any person, corporation, or state, local or federal agency; at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, information service bureau, or employer to furnish any and all background information requested by **Backgrounds Online, 1915 21st Street, Sacramento, CA 95811; (800) 838-4804; www.backgroundsonline.com** and/or the City of Lewiston, Maine.

I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the City of Lewiston, its agents and officials or against any provider of such information.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Lewiston, Maine may obtain information about me from a third-party reporting agency for employment purposes. Thus, I may be the subject of a report which may include information regarding my criminal history, social security verification, motor vehicle records, or other background checks. The investigations will be conducted by Backgrounds Online, 1915 21st Street, Sacramento, CA 95811; (800) 838-4804; www.backgroundsonline.com.

I understand that information submitted in connection with my application for employment may be disclosed to a screening and/or interviewing committee, which may include elected officials, administrators, other staff, and members of the community. I give my consent to this disclosure. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant Signature

Date

AGREEMENT FOR A MINOR (under age 18):

I hereby authorize (please print) _____, who is a minor, to obtain employment or volunteer with the City of Lewiston. My signature below serves as my agreement for said minor to be the subject of a background check as noted here, as well as understanding that this minor will be asked to sign a separate confidentiality agreement.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Please Print CLEARLY and LEGIBLY.

Have you ever lived outside the state of Maine? ☐ Yes ☐ No
(If yes, additional out of state background checks will be completed.)

Legal First Name	
Legal Middle Name	
Legal Last Name	
Other Names/Aliases (maiden name, etc.)	
Social Security Number	
Date of Birth	
Street Address (physical)	
City, State, Zip	
Driver's License #	
State of License	
Email	
Phone #	

I affirm that all answers given to the City of Lewiston are true and complete.

Applicant Signature

Date