



PASSAMAQUODDY WATER DISTRICT

3 MADISON STREET
EASTPORT, ME 04631
PHONE: (207) 853-2924 FAX: (207) 853-2738

APPLICATION FOR EMPLOYMENT

E-mail to: annpwdeastport@myfairpoint.net
Mail to: 3 Madison Street, Eastport, ME 04631
Fax to: (207) 853-2738 ATTN: ANN BELLEFLEUR

Name: _____

Address: _____

Town, State and Zip Code: _____

Telephone number(s) where you wish to be contacted: _____

PWD is committed to compliance with all federal, state, and local laws regarding non-discrimination in employment. Prospective employees will receive consideration without regard to race, creed, sex, age, national origin, handicap, veteran status, or physical/mental ability when essential job functions, as reasonably accommodated, do not require such distinction. Consistent with the Americans with Disability Act and the Maine Human Rights Act, applicants may request accommodations needed to participate in the application process. No question on this application is intended to secure information to be used for unlawful purposes.

Please read and complete the application carefully, then sign and date the last page.

<u>PERSONAL INFORMATION</u>

1. Position applied for: _____
2. Have you applied for employment here previously? Yes No
3. Apart from religious observance, are you available for fulltime work? Yes No
4. Will you work overtime if asked? Yes No
5. When will you be able to begin work? _____
6. Are you over 18 years of age? (if no, verification of age required) Yes No
7. Are you legally eligible for employment in the United States? Yes No
Are you a U.S. citizen? Yes No
8. Can you, with or without reasonable accommodations, perform the job for which you have applied? Yes No
9. Do you have a valid United States driver's license? Yes No
Class _____ State _____
10. Are any friends or relatives employed by PWD? Yes No
If yes, state name(s) _____

EDUCATION / MILITARY / TRAINING / SKILLS

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?
GRADUATE				
COLLEGE				
BUSINESS/TRADE				
HIGH SCHOOL				
ELEMENTARY				

1. Did you serve in the U.S. Armed Forces? Yes No

Special training relevant to position for which you are applying:

2. List any training, skills or experience relevant to this position, i.e. types of equipment operated and any job related experience.

EMPLOYMENT HISTORY

*Please provide accurate and complete information. **Begin with your present or most recent employer.** We may contact the employers listed unless you indicate otherwise.*

Company Name: _____

Address/Town: _____

Telephone: _____ Supervisor: _____

Dates employed: From: _____ To: _____

Job Title: _____

Reason for leaving: _____

May we contact this employer: Yes No

Company Name: _____

Address/Town: _____

Telephone: _____ Supervisor: _____

Dates employed: From: _____ To: _____

Job Title: _____

Reason for leaving: _____

May we contact this employer: Yes No

Company Name: _____

Address/Town: _____

Telephone: _____ Supervisor: _____

Dates employed: From: _____ To: _____

Job Title: _____

Reason for leaving: _____

May we contact this employer: Yes No

Company Name: _____

Address/Town: _____

Telephone: _____ Supervisor: _____

Dates employed: From: _____ To: _____

Job Title: _____

Reason for leaving: _____

May we contact this employer: Yes No

PLEASE READ CAREFULLY

The information provided in this application for employment is true, correct, and complete. I understand that any misstatement or omission of fact on this application will be sufficient reason for either refusal to hire or termination from employment.

I understand that acceptance of an offer of employment does not create a contractual obligation with PWD to continue to employ me in the future, and that PWD is an "at will" employer. I understand that either PWD or I may terminate employment at any time, without prior notice, and with or without cause.

I understand that PWD may obtain employment, education, military, credit, insurance, and law enforcement history. I authorize PWD to do so, and all persons, schools, employers, law enforcement, government entities, and credit agencies to release this information to PWD or its agent. If a report is obtained, PWD will provide at my request the name of the agency that furnished any report. I understand that my ability to be insured and/or bonded by the District may be a condition of employment for some positions.

I understand that if offered a position defined as "safety sensitive" (including positions falling under Dept. of Transportation requirements), I must undergo a pre-employment physical and substance abuse test by a PWD-selected health professional, and that employment is conditional pending the results of these exams.

I understand that PWD has drug and alcohol testing policy that includes pre-employment, reasonable suspicion, post-accident, random test, return to duty, and follow-up as required, and participation is a condition of employment. Failure to participate and comply with program requirements may result in disciplinary action up to and including termination of employment.

I understand that a demonstration of job-related skills for some positions may be required, and that references as listed and approved above will be contacted.

I understand that the District requires its employees to live within 30 miles of the Eastport city limits in order to promptly respond to emergencies, and that weekend, holiday, and overtime work may be required.

Signature: _____ Date of application: _____