

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 | <i>From</i> | <i>To</i> | |
| Telephone Number(s) | | | |
| Job Title | Supervisor | | |
| Reason for Leaving | | | |

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:
