

CITY OF BATH APPLICATION FOR EMPLOYMENT



Date _____

Full Legal Name _____ Preferred Name (if applicable) _____

Street Address _____ City _____ State _____ ZIP _____

Telephone _____ Email: _____

POSITION APPLIED FOR

Wage or salary desired? \$ _____ When can you start? _____

How did you learn about this opening? _____

Are you eligible to work in the United States? [] Yes [] No

Have you worked for the City of Bath before? [] Yes [] No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? [] Yes [] No

Can you perform these essential functions with or without reasonable accommodations? [] Yes [] No

What days and times are you available to work? _____

Are you able to work overtime if required? [] Yes [] No

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
High School			
College/Univ.			
College/Univ.			
Other Training/Education			

List relevant certifications or licenses

What other experiences, skills or qualifications would make you a good fit for this job?

Why would you like to work for the City of Bath?

How does this position fit with your long-term goals?

WORK HISTORY May we contact your present employer? [] Yes [] No

Most Recent Employer	Address	Telephone
Date Started?	Starting Position	
Date Left?	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started?	Starting Position	
Date Left?	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started?	Starting Position	
Date Left?	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

REFERENCES

REFERENCE NAME	TELEPHONE AND/OR EMAIL	RELATIONSHIP

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge.

I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City of Bath to make an investigation of any of the facts set forth in this application.

DATE _____ APPLICANT'S SIGNATURE _____

Bath, Maine is an equal opportunity employer

55 FRONT ST, BATH ME | (207) 443-8330 | TTY: Dial 711 (Maine Relay)