



APPLICATION FOR EMPLOYMENT CITY OF LEWISTON

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 Name: _____
Cell Phone #: _____ Home Phone #: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
How long have you lived at the above address: _____

Have you ever 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)
Have you ever been convicted of a crime: (other than a traffic violation) (Conviction will not necessarily disqualify an applicant from employment) Yes No
If yes, Please Explain: _____

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 Duty: _____ Rank at Discharge: _____
Please list duties and training _____

Do you possess a valid Maine driver's license: Yes No
License #: _____ Expiration 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	Salary or Hourly Rate	Reason for Leaving	Supervisor's Name
		<i>From:</i>	\$		
		<i>To:</i>			
		<i>From:</i>	\$		
		<i>To:</i>			
		<i>From:</i>	\$		
		<i>To:</i>			
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)					

Personal References (not former employers or relatives)

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, if my employment is terminated because of misstatements or pertinent omissions made by me in this 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 persons 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 physicians, 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 tests 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: _____
(Actual Signature Required)

Date: _____ Position Applied for: _____ Department: _____
How did you hear about this position: _____