Position for which you are applying: _



73 Harlow Street Bangor, Maine 04401 www.bangormaine.gov



CITY OF BANGOR, MAINE - APPLICATION FOR EMPLOYMENT

Please fill out all questions. Use fourth page if more space is required for any item.

| | Firs | | Middle City HOURS YOU M. | State | Zip code | | |
|----------------------|---|--|--|--|--|--|--|
| Stre | eet No. | | | | Zip code | | |
| | | | | | Zip code | | |
| | | | _ HOURS YOU M | | | | |
| | | | | HOURS YOU MAY BE REACHED: | | | |
| | | | _ MAY WE CONT. | ACT YOU AT WOR | □ YES □ NO</td <td>0</td> | 0 | |
| PHONAL). | | | | | | | |
| | | an a traffic violation? | | □ NO If ye | s, give details. | | |
| sa by a court of air | Official official | ara traine violation: | | , | o, g.ve detaile. | | |
| | | | | | | | |
| er? 🔲 YES | □ NO | | | | | | |
| ysical, mental, emo | otional, and medic | cal ability to do this j | ob, whether with or | with out a reasonal | ole accommodation?□ YES | | |
| wfully employed in t | he United States? | □YES □NO | | | | | |
| immigration status | will be required | upon employment) | | | | | |
| ☐ YES | □ NO | Class: | Endorse | ments: | | | |
| D V50 | | | | | | | |
| rom YES | □ NO To | | | | | | |
| | | | | | | | |
| ? □ Yes | □ No | | | | | | |
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| | | | | | | | |
| ? 🛘 Yes | □ No | | | | | | |
| Degree? | | | | | | | |
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| | | | | | | | |
| | □ No | | | | | | |
| ny ny r | wfully employed in the reserves presently employed as in YES ers preserves, indicate I YES ers ers ers erves, indicate I YES ers erves | nysical, mental, emotional, and medical surfully employed in the United States? In immigration status will be required | nysical, mental, emotional, and medical ability to do this justifully employed in the United States? YES NO rimmigration status will be required upon employment) YES NO Class: Pers presently employed by the City of Bangor in any capate same related as in-laws, step-relations, or half-relations. YES NO To reserves, indicate branch or unit: YES NO NO TO PROPER NO NO TO PROPER NO NO NO NO NO NO NO NO NO NO | nysical, mental, emotional, and medical ability to do this job, whether with or awfully employed in the United States? YES | avysical, mental, emotional, and medical ability to do this job, whether with or with out a reasonal avyfully employed in the United States? YES | nysical, mental, emotional, and medical ability to do this job, whether with or with out a reasonable accommodation? YES wifully employed in the United States? YES | |

| mplover's Address | | | | | | | | |
|--|--------------|-------------|---------------|---------------|----------------------|-----------|--------------------|--|
| Employer's Address: Address | | | | | City | State | Telephone | |
| Dates of Employmen | | | | | | | | |
| From:/ Month | Year | To: | / Month | Year | | | | |
| Position Title: | | | | | Salary | | | |
| Outies Performed: | | | | | , | | | |
| outed i enemieu. | | | | | | | | |
| | | | | | | | | |
| Reasons for Leaving | | | | | | | | |
| May we contact your Name and Title of Su | | | | ☐ No | | | | |
| | | | | | | | | |
| SECOND: Employer's Name: | | | | | | | | |
| Employer's Address: | | | | | | | | |
| Dates of Employmen | t: | Ad | ddress | | City | State | Telephone | |
| | | To: | / | | | | | |
| From:/ Month | Year | . 5 | Month | Year | | | | |
| Position Title: | | | | | Salary | | | |
| Outies Performed: | | | | | | | | |
| | | | | | | | | |
| Reasons for Leaving | | | | | | | | |
| veasons for Leaving | • | | | | | | | |
| THIRD: | | | | | | | | |
| Employer's Name: | | | | | | | | |
| Employer's Address: | | | | | | | | |
| Dates of Employmen | t: | Ad | ddress | | City | State | Telephone | |
| From:/ Month | | To: | // Month | | | | | |
| Month | Year | | Month | Year | | | | |
| Position Title: | | | | | Salary | | | |
| Outies Performed: | | | | | | | | |
| | | | | | | | | |
| Reasons for Leaving | | | | | | | | |
| Casons for Leaving | • | | | | | | | |
| Give names and con | tact informa | tion of thr | ee persons tl | noroughly acc | quainted with your a | bilities. | | |
| ve names and contact information of three persons thoroughly acquainted with your abilities. Name Address Telephone | | | | | | | Business/Professio | |

ADDITIONAL SPACE DISCLOSURE AGREEMENT I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize the City of Bangor to investigate all information set forth in my application, by contacting my prior employers and other references set forth above, and by any and all other means authorized or permitted by law. I understand that if I am hired, omissions or false or misleading statements in this application or interviews will be grounds for immediate termination of my employment.

Date

Signature