



Please mail or bring your completed application to:

Town of Lisbon  
300 Lisbon Street  
Lisbon, ME 04250

*Resumes may be attached, but will not be accepted in lieu of a completed application.*

## Job Data

Job Title: \_\_\_\_\_ Date available for employment: Click \_\_\_\_\_

## Personal Data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Please list other names used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt/Evening: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you over 18 years old?  Yes  No

Do you have the legal right to work in the U.S.?  Yes  No

*All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S.*

Have you ever worked or volunteered for the Municipality?  Yes  No

Do you have any relatives employed with the Municipality?  Yes  No If yes, Please list name and relationship: \_\_\_\_\_

Drivers License : State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Commercial D/L: State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you had any traffic convictions or accidents in the last three years?  Yes  No

If yes, please list below:

Conviction or Accident: \_\_\_\_\_ Date: \_\_\_\_\_

Conviction or Accident: \_\_\_\_\_ Date: \_\_\_\_\_

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## Education

Did you graduate from High School or do you have a G.E.D.?  Yes  No

| Name of School, College, or University | Major | Credit Hours | Diploma/<br>Degree* |
|--|-------|--------------|---------------------|
|  |       |              |                     |
|  |       |              |                     |
|  |       |              |                     |

*\*Proof of degrees obtained from College/University will be required upon hire.*

| Name of Trade/Technical/Business<br>or Other Schools Attended | Course of Study | Credit Hours | Diploma/<br>Degree* |
|---|-----------------|--------------|---------------------|
|   |                 |              |                     |
|   |                 |              |                     |
|   |                 |              |                     |

List Other licenses, professional registrations, certificates and professional memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Honors, Awards, Fellowships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Skills Overview

Approximate Typing Speed in words per minute: \_\_\_\_\_  
 Fluent in a language other than English:  Yes  No Language(s): \_\_\_\_\_ Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_  
 Please summarize relevant skills and experience that exemplify your qualifications for the position you are seeking:

Tools and machines you can use and operate: \_\_\_\_\_

Light or heavy motor vehicle equipment you can operate: \_\_\_\_\_

Summarize Volunteer Services work including dates: \_\_\_\_\_

Summarize Leadership Roles: \_\_\_\_\_

### Employment History

Current or most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_  
 Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
 Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
 Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

### Military Service

Have you ever served on active duty in the U.S. Armed Forces?  Yes  No Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Primary Duties: \_\_\_\_\_



### Conditions of Consideration for Employment

All information contained on the application is subject to verification. The Municipality of Lisbon will conduct background checks including, but not limited to, work references, driving records, criminal background records and education attainment.

I understand an employment offer is also contingent upon successful review of work references, and satisfactory result of a background check. Certain positions are also conditioned on the successful completion of agility tests or skill evaluation and other appropriate investigations.

I also understand that specific positions at the Municipality of Lisbon may require me to provide evidence of an acceptable driving record.

I further understand that certain positions with the municipality may require the applicant to be eligible for bonding. In such instances, eligibility for bonding will be a consideration in determining an applicant’s fitness for such position.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices. When advised, reasonable accommodations will be made in order for an “otherwise qualified applicant” with a disability to participate in any phase of the application/recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that missions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Municipality of Lisbon and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service.

In addition, I give the Municipality of Lisbon the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Municipality of Lisbon in providing relevant, job related information that will assist in this process.

It is my understanding that this application along with any resume and letters/notes of reference, other than those letters and notes of reference I expressly submit in confidence, become a public document should I be hired by the municipality. As a result, I understand that the municipality cannot guarantee me its confidentiality.

I have read and understand the above “Conditions of Consideration for Employment.”  Yes  No *Please acknowledge by checking the appropriate box.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_