

Application for Employment

Southwest Harbor Police Department

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

Part 1. GENERAL INFORMATION

Please review all questions carefully before preparing your application.

POSITION (Job title)

NAME (Last, First, and Middle Initial)

SOCIAL SECURITY NO.

MAILING ADDRESS (Include apartment number, if any)

E-MAIL ADDRESS

HOME TELEPHONE

CITY

STATE

ZIP

WORK (or message) TELEPHONE

Employment Preferences:

• If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• Have you ever filed an application with us before?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• If Yes, give date.				
• Have you ever been employed with us before?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• If Yes, give date.				
• Are you currently employed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• May we contact your employer?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• On what date would you be available for work?.				
• Check types of employment you will accept:				
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SHIFT WORK	
• Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
• Are you willing to travel as part of this job?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Part 2. BACKGROUND INFORMATION

<ul style="list-style-type: none"> If a driver's license or other license, certificate, or registration is required for this position, please complete the following: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">License, Certificate, or Registration</th> <th style="width: 30%;">License Number</th> <th style="width: 40%;">Expiration Date</th> </tr> </thead> <tbody> <tr> <td>Driver's License</td> <td></td> <td></td> </tr> <tr> <td>CDL</td> <td></td> <td></td> </tr> <tr> <td>Other (Indicate type)</td> <td></td> <td></td> </tr> </tbody> </table> <p>If Yes please explain:</p>	License, Certificate, or Registration	License Number	Expiration Date	Driver's License			CDL			Other (Indicate type)			<ul style="list-style-type: none"> Have you been convicted of a misdemeanor or felony within the past seven (7) years? <i>(Answering yes will not automatically bar you from employment).</i> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
License, Certificate, or Registration	License Number	Expiration Date											
Driver's License													
CDL													
Other (Indicate type)													
Other than English, what languages do you speak, read, or write fluently?													

How did you learn of this employment opportunity?

<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Our Facebook Page
<input type="checkbox"/>	Our Website	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Other _____

Part 3. EDUCATION AND TRAINING

Review of education:

- Have you graduated from high school or passed the GED? YES NO
- List Elementary, High School, College, business school, military training, and other relevant education.

School Name and Address	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year degree received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						
3	From /						
	To /						
4	From /						
	To /						

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Part 4. EMPLOYMENT HISTORY

If you need more spaces, please continue on a separate sheet of paper.

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					

4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name	Reason for Leaving			Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised

Specific Duties:

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Part 5. ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Other (list)
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft® Word	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

Part 6. REFERENCES

(1) NAME (Last, First, and Middle Initial)			
MAILING ADDRESS (Include apartment number, if any)	E-MAIL ADDRESS (if known)		HOME TELEPHONE
CITY	STATE	ZIP	WORK (or message) TELEPHONE

(2) NAME (Last, First, and Middle Initial)			
MAILING ADDRESS (Include apartment number, if any)	E-MAIL ADDRESS (if known)		HOME TELEPHONE
CITY	STATE	ZIP	WORK (or message) TELEPHONE

(3) NAME (Last, First, and Middle Initial)			
MAILING ADDRESS (Include apartment number, if any)	E-MAIL ADDRESS (if known)		HOME TELEPHONE
CITY	STATE	ZIP	WORK (or message) TELEPHONE

(4) NAME (Last, First, and Middle Initial)			
MAILING ADDRESS (Include apartment number, if any)	E-MAIL ADDRESS (if known)		HOME TELEPHONE
CITY	STATE	ZIP	WORK (or message) TELEPHONE

Applicant's Statement

**TO BE ACCEPTED,
YOU MUST SIGN
AND DATE THIS
APPLICATION.**

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.

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" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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.

/ /
Date (Month/Day/Year)

Signature _____