CITY OF PORTLAND

Human Resources
389 Congress St. Room 115
Portland, Maine 04101
(207) 874-8624 (FAX) 874-8937 (TTY) 874-8936
(WEB PAGE) www.portlandmaine.gov/jobs.asp

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

POSITION(s) APPLYING FOR:

_____

_____

_____

Instructions to Applicants: (1) **Print** clearly in ink. (2) Answer each question clearly and completely. (3) All statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: _____ TODAY'S DATE: _____

LAST **(PLEASE PRINT)** FIRST MIDDLE INITIAL MO. DAY YEAR

ADDRESS: _____

No. Street Apt.# City State Zip

TELEPHONE NO. HOME:_____ WORK: _____ CELL:_____

SOCIAL SECURITY NO. _____

How did you hear about this opening? ❑ Advertisement ❑ Friend/Relative ❑ Walk-in ❑ Employment Agency ❑ Other

Have you ever been employed by the City of Portland? ❑ Yes ❑ No

If yes, give the Department and dates: Dept._____ From____/____ To ____/____
Mo Yr Mo Yr

Do you have any relatives that are former or current employees of the City of Portland? Yes ___ No ___

If Yes, give Name _____ **Relationship** _____ **Dept.** _____

On what date would you be available for work? _____

Are you employed now? ❑ Yes ❑ No

May we contact your present employer? ❑ Yes ❑ No

Please read attached sheet for further information requested by the City of Portland.

EDUCATION AND TRAINING

(CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION (City, State)	HS Diploma or GED
1 2 3 4 5 6 7 8 9 10 11 12			YES NO
COLLEGES OR UNIVERSITIES ATTENDED	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
BUSINESS, TRADE OR CORRESPONDENCE SCHOOLS			

List any additional skills, certifications, or licenses you posses that you believe are relevant to this position.

_____

_____

Drivers License #:_____

State of Issue: _____

License Class: ❑ A (CDL)
❑ B (CDL)
❑ C (Standard)

COMPLETE AND SIGN OTHER SIDE

EMPLOYMENT HISTORY

List your past employers. Include any periods served in the Military. Show your current or most recent job first. Under “Description of Duties” list kind of work or responsibilities. Use Additional sheets if needed.

From (Month/Year) To (Month/ Year)	Title of Position:
Company Name	Description of Duties
Address	
Phone #	
Supervisor's Name	Hourly Pay Rate:
Hours per Week	Reason for Leaving
From (Month/Year) To (Month/ Year)	Title of Position:
Company Name	Description of Duties
Address	
Phone #	
Supervisor's Name	Hourly Pay Rate:
Hours per Week	Reason for Leaving
From (Month/Year) To (Month/ Year)	Title of Position:
Company Name	Description of Duties
Address	
Phone #	
Supervisor's Name	Hourly Pay Rate:
Hours per Week	Reason for Leaving
From (Month/Year) To (Month/ Year)	Title of Position:
Company Name	Description of Duties
Address	
Phone #	
Supervisor's Name	Hourly Pay Rate:
Hours per Week	Reason for Leaving

Applicant's Certification and Agreement - PLEASE READ CAREFULLY.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment that may be necessary in making an employment decision.

Signature of Applicant

Date