

BELFAST WATER DISTRICT
41 WIGHT STREET, P.O. BOX 506
BELFAST, MAINE 04915-0506
207-338-1200
FAX 207-338-0444
E-MAIL: info@belfastwater.org

AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____ REFERRED BY: _____

PERSONAL INFORMATION

Name: _____ Date _____
Last First Middle

Present Address _____

Telephone Number: Day _____ Evening _____

GENERAL INFORMATION

Apart from religious observance, are you available for fulltime work? Yes _____ No _____

Do you have any objection to working overtime if needed? Yes _____ No _____

Date on which you are available to begin work. _____

Are you over 18 years of Age? If not, employment is subject to verification of age. _____

Are you legally eligible for employment in the United States? _____ Are you a U.S. Citizen? _____

Can you, with or without reasonable accommodations, perform the job for which you have applied? _____

If you have been employed or educated under a different name, please provide information _____

EDUCATION

Type of School	Name and Location	Number of Years Completed	Course of Study	Did you Graduate?
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High School				
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College				
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Business/Trade				
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Military				
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Other				
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LICENSES & SPECIAL SKILLS

Do you have a valid State of Maine driver's license? _____ Class _____

Do you hold a current Water Distribution/Treatment System license or certification for the State of Maine? _____ If yes, what Class? _____

Special training relevant to the position for which you are applying: _____

List any training, skills or experience relevant to this position, i.e. types of equipment operated and any job-related experience.

EMPLOYMENT HISTORY

Name of Employer _____ Dates of Employment _____

Address of Employer _____ Salary
Beginning _____ Ending _____

Job Title _____ Supervisor's
Name _____ Title _____

Specific Duties _____

Reason for Leaving _____

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May we contact your present and previous employers? _____

REFERENCES

Please list three (3) references that are not related to you or previous employers, whom we may contact.

Name _____ Telephone Number _____

Address _____

Name _____ Telephone Number _____

Address _____

Name _____ Telephone Number _____

Address _____

I certify that the information contained in this application for employment is accurate to the best of my knowledge and belief.

Signature _____ Date _____

RELEASE OF INFORMATION

I, _____, will allow any information from my personnel file to be released to the Belfast Water District.

Signature _____ Date _____

PLEASE READ CAREFULLY

The information provided in this application for employment is true, correct and complete. I understand that any misstatement or omission of fact on this application will be sufficient reason for either refusal to hire or termination from employment.

I understand that acceptance of an offer of employment does not create a contractual obligation with Belfast Water District to continue to employ me in the future, and that Belfast Water District is an 'at will' employer. I understand that either Belfast Water District or I may terminate employment at any time, without prior notice, and with or without cause.

I understand that Belfast Water District may obtain employment, education, military, credit, insurance, and law enforcement history. I authorize Belfast Water District to do so, and all persons, schools, employers, law enforcement, government entities, and credit agencies to release this information to Belfast Water District or its agent. If a report is obtained, Belfast Water District will provide at my request the name of the agency that furnished any report. I understand that my ability to be insured and/or bonded by the District may be a condition of employment for some positions.

I understand that if offered a position defined as "safety sensitive", I must undergo a pre-employment physical and substance abuse test by a Belfast Water-selected health professional, and that employment is conditional pending the results of these exams.

I understand that a demonstration of job-related skills for some positions may be required, and that references as listed and approved will be contacted.

I understand that if I am applying for a Water Operator position, that my continued employment is contingent upon having, or the ability to obtain, the required Operator licenses to the level required of the Belfast Water District by the State of Maine within 3-years from my date of hire.

I understand that the District requires its employees to reside within **20 miles of the Belfast city limits** in order to promptly respond to emergencies, and that weekend, holiday, and overtime work may be required.

Signature: _____ Date of Application: _____