

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](mailto: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

College

Business/Trade

Military

Other



## **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 \_\_\_\_\_

Name of Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_ Salary  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's  
Name \_\_\_\_\_ Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_ Salary  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's  
Name \_\_\_\_\_ Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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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Address of Employer \_\_\_\_\_ Salary  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's  
Name \_\_\_\_\_ Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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 live within **20 minutes 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: \_\_\_\_\_