BELFAST WATER DISTRICT MEMBER OF MAINE WATER UTILITIES ASSOCIATION LITTLE RIVER PUMPING STATION 285 NORTHPORT AVENUE, 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 DATA								
Name:		First	Middle	To	oday's Date			
Telephone Number: Day								
Social Security Number			Date on which you are available to begin work					
If you have been employed or educated under a different name, please provide								
In case of emergency, noti	Name and Address					Telephone Number		
EDUCATION								
Type of School Nan		From Mo./Yr.	To Mo./Yr.	Graduation Mo./Yr.	Degree	Major		
High School								
College								
Vocational								
Military								
Other								
LICENSES & SPECIAL SKILLS								
Do you possess a State of l	Maine driver's license?		Class					
Do you hold a current Distribution System license or certification for the State of Maine? If yes, what Class?								
Special Skills or Training								

Name of Employers Address of Employers Beginning Fracting Supervisor's Name Specific Duties Reason for Leaving Name of Employee Dutes of Employment Name of Employee Poster Employment Address of Employee Dutes of Employment Salary Ingenius Fracting Fra	EMPLOYMENT HISTORY						
Beginning	Name of Employer	Dates of Employment					
Job Title							
Reason for Leaving Name of Employer							
Name of Employer	Specific Duties						
Name of Employer							
Address of Employer	Reason for Leaving						
Address of Employer							
Beginning	Name of Employer	Dates of Employment					
Supervisor's Name	Address of Employer	Salary Beginning Ending					
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 GENERAL INFORMATION Have you ever been convicted of a misdemeanor, felony or traffic violation? 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 L							
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	Job Title	_ Supervisor's NameTitle					
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	Specific Duties						
REFERENCES Please list three (3) references that are not related to you or previous employers, whom we may contact. Name Telephone Number							
REFERENCES Please list three (3) references that are not related to you or previous employers, whom we may contact. Name Telephone Number	Reason for Leaving						
Please list three (3) references that are not related to you or previous employers, whom we may contact. Name							
Please list three (3) references that are not related to you or previous employers, whom we may contact. Name							
Name	REFERENCES						
Name	Please list three (3) references that are not related to you or previous employers, whom	n we may contact.					
Name	Name	Telephone Number					
Name	Address						
Name	Name	Telephone Number					
GENERAL INFORMATION Have you ever been convicted of a misdemeanor, felony or traffic violation? If yes, please explain Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? I certify that the information contained in this application for employment is accurate to the best of my knowledge and belief. Signature	Address						
GENERAL INFORMATION Have you ever been convicted of a misdemeanor, felony or traffic violation? If yes, please explain Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? I certify that the information contained in this application for employment is accurate to the best of my knowledge and belief. Signature							
GENERAL INFORMATION Have you ever been convicted of a misdemeanor, felony or traffic violation? If yes, please explain Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? 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.							
Have you ever been convicted of a misdemeanor, felony or traffic violation? If yes, please explain Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? 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.							
Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? I certify that the information contained in this application for employment is accurate to the best of my knowledge and belief. Signature							
I certify that the information contained in this application for employment is accurate to the best of my knowledge and belief. Signature	Have you ever been convicted of a misdemeanor, felony or traffic violation?	If yes, please explain					
RELEASE OF INFORMATION I,	Are you able to perform the essential functions of the position for which you have applied, with or without accommodation?						
RELEASE OF INFORMATION I,, will allow any information from my personnel file to be released to the Belfast Water District.	I certify that the information contained in this application for employment is accurate to the best of my knowledge and belief.						
I,, will allow any information from my personnel file to be released to the Belfast Water District.	Signature	Date					
I,, will allow any information from my personnel file to be released to the Belfast Water District.							
	RELEASE OF INFORMATION						
SignatureDate	I,, will allow an	y information from my personnel file to be released to the Belfast Water District.					
	Signature	Date					

EMPLOYMENT HISTORY

Name of Employer	Dates of Employment
Address of Employer	_ Salary BeginningEnding
Job Title	NameTitle
Specific Duties	
Reason for Leaving	
Name of Employer	Dates of Employment
Address of Employer	_ Salary BeginningEnding
Job Title	Supervisor's NameTitle
Specific Duties	
Reason for Leaving	
Name of Employer	
Address of Employer	_ Salary BeginningEnding
Job Title	Supervisor's NameTitle
Specific Duties	
Reason for Leaving	
Name of Employer	Dates of Employment
Address of Employer	_ Salary BeginningEnding
Job Title	Supervisor's NameTitle
Specific Duties	
Reason for Leaving_	