



# Dexter Utility District

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Office Location: 311 Corinna Rd Suite B, Dexter Maine

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## Application for Employment

The Dexter Utility District is an equal opportunity employer and does not discriminate in our employment practices. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment. Equal access to employment, services, and programs is available to all persons.

Date: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Last

First

Middle Initial

Physical Address: \_\_\_\_\_

No.

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Have a valid driver's license? \_\_\_\_\_

License # \_\_\_\_\_ Have full use of a car? \_\_\_\_\_

Are you available to work overtime if needed? \_\_\_\_\_ Weekends? \_\_\_\_\_

Date you would be available to start work: \_\_\_\_\_

Have you been convicted of a crime in the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Do you have any objection to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Reason for interest in the job? \_\_\_\_\_

Present salary? \_\_\_\_\_ per week

## **How were you referred to this Utility?**

- ☐ Dexter Utility District Employee (Employee's Name: \_\_\_\_\_)
- ☐ Newspaper Advertisement (Newspaper Name: \_\_\_\_\_)
- ☐ Other (List referral source: \_\_\_\_\_)

## **Employment History**

Please provide all employment information for your past four employers starting with the most recent.

**1. Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Dates employed: from** \_\_\_\_\_ **To:** \_\_\_\_\_

**Annual Salary/Hourly Wage:** \_\_\_\_\_ **Describe nature of work:** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**2. Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Dates employed: from** \_\_\_\_\_ **To:** \_\_\_\_\_

**Annual Salary/Hourly Wage:** \_\_\_\_\_ **Describe nature of work:** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**3. Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Dates employed: from** \_\_\_\_\_ **To:** \_\_\_\_\_

**Annual Salary/Hourly Wage:** \_\_\_\_\_ **Describe nature of work:** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**4. Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Dates employed: from** \_\_\_\_\_ **To:** \_\_\_\_\_

**Annual Salary/Hourly Wage:** \_\_\_\_\_ **Describe nature of work:** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

## **Military Service Record**

Were you in the U.S. Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what Branch? \_\_\_\_\_

Dates of Duty from \_\_\_\_\_ To \_\_\_\_\_ Rank of discharge \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

## **Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications

"We are an equal opportunity employer and service provider."

that may of interest in our evaluation of your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High School: \_\_\_\_\_

College/University Degrees: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

### **References**

List three (3) references names, telephone numbers, and years known (please do not include relatives):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that employment will be contingent on a successful pre-employment physical exam, which may include a drug screen.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application or the granting of an interview does not constitute an agreement or contract for employment.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_