



Town of Wells, Maine
EMPLOYMENT APPLICATION

RETURN TO:
 TOWN OF WELLS
 208 Sanford Rd, Wells, Maine 04090
 (207) 646-5113 ext. 208
 FAX (207) 646-2935
employment@wellstown.org

FOR OFFICIAL USE ONLY	
Date Received: _____	Received By: _____

POSITION APPLIED FOR

Title: _____

Department: _____

Date You Are Available: _____

GENERAL INSTRUCTIONS

- ✓ Please type or print in ink.
- ✓ To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
- ✓ Your application must be received by the office announcing the vacancy by the closing date.
- ✓ A separate application must be submitted for each vacancy, photocopies are acceptable.
- ✓ All information you submit is subject to verification.
- ✓ The Town of Wells hires only U.S. citizens and those lawfully authorized to work in the United States.
- ✓ If you require special disability accommodations, notify the Town in advance.

HOW DO WE CONTACT YOU

Your Name		
Your Mailing Address		
City	State	Zip Code
Home Phone	Business Phone	Email

EDUCATION

HIGH SCHOOL:

Name and Address of School	Received:
	[] Diploma [] Other (specify) [] None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

Name and Location of School	Dates of Attendance	Credit Hours Earned	Course of Study	Degree
	From To			

JOB RELATED TRAINING OR COURSE WORK

Name and Location of School	Course of Study	Completed?
		[] Yes []

BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes No

If yes, what charge(s)? _____

Where convicted? _____ Date: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony? Yes No

If, yes what charge(s)? _____

Where? _____ Date: _____

Have you ever been convicted of a misdemeanor? Yes No

If yes, what charge(s)? _____

Where convicted? _____ Date: _____

Are you now under any charges for any violation of law or are there any legal instruments pending against you? Yes No

If yes, what charge(s)? _____

Note: A "YES" answer to any of the above questions will not automatically prohibit you from employment. Date of offense, severity, and job relatedness will be considered.

Have you ever been known by any other name? Yes No If yes, what name? _____

CITIZENSHIP

Are you a U.S. citizen or are legally authorized to work in the U.S.? Yes No

NOTE: Proof of citizenship or authorization to work in the United States may be required.

RELATIVES

To your knowledge, do you have any relatives currently working for the Town of Wells? Yes No

FOR POLICE APPLICANTS ONLY (please complete this section ONLY if applying for applicable position within POLICE Department):

The Town of Wells does not discriminate based on age, however, some public safety positions have a minimum age requirement and date of birth is used for background investigation ONLY.

Applicant's Date of Birth: (Month/Day/Year) ___/___/___ ALERT TEST TAKEN AND PASSED _____ (Must Attach proof)

Are you a full time certified police officer in Maine? _____ If NO, are you a full-time certified Officer in any state _____ List State _____

Do you hold a valid MAINE Drivers License? Yes No If NO, in which state do you hold a valid Driver's License? _____

If selected for conditional employment, would you submit to a screening for illegal drugs? Yes No

If selected for conditional employment, would you submit to a polygraph examination and/or a psychological evaluation? Yes No

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff and other authorized municipal representatives of the Town of Wells for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for municipal employment may be public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____ Date: _____