York Water District, MAINE

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the York Water District.

General Information and Instructions

1. All items on the application form must be filled out or marked "NA" meaning they do not apply to the applicant. Failure to fully complete this form or the inclusion of false or misleading information may result in automatic disqualification. Assistance is available upon request to help complete the application.

2. The York Water District is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment or advancement because of race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, genetic history and information, or any other basis protected by statute.

3. The York Water District shall employ the best qualified persons who are available at the salary levels established for District employment.

4. Upon appointment, all employees shall be subject to a period of twelve (12) months' probation unless otherwise specified by the Personnel Rules and Regulations.

5. Applications will be kept active for a period of one (1) year, during which they may be reconsidered for existing vacancies, upon request of the applicant. Please note the District will only accept applications for a specified vacancy during a posted application period.

6. Please return the signed Application with any supplemental material in person, by mail or email to:

York Water District
Attn: Human Resources
86 Woodbridge Road
PO Box 447
York, Maine 03909

hr@yorkwaterdistrict.org

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

It is the Water District's policy to comply with all applicable federal and state laws prohibiting discrimination in employment based on race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, genetic history and and information, or any other basis protected by statute.

PERSONAL INFORMATION

Name:	Date:		
Address			
Street:	City:	State:	Zip:
Phone:	Alt. Phone:	Email:	

Do you have any relatives currently working for the York Water District? Yes☐ No☐

Are you authorized to work in the United States on an unrestricted Basis? Yes☐ No☐

Are you at least 18 years of age? Yes☐ No☐

Have you ever plead guilty, no contest or been convicted of a felony? Yes☐ No☐
If yes, please explain including dates, nature of offense and court of conviction: (conviction will not necessarily disqualify an applicant for employment)

Have you ever applied for employment or worked for the York Water District before? Yes☐ No☐
If yes to either, please give details:

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes☐ No☐

Can you perform these essential functions with or without reasonable accommodations? Yes☐ No☐

Position Applied For:

When Can You Start:

EDUCATION

Institution	Name & Location of School	Major	Diploma/Degree
High School			
College/University			
College/University			
Other Training/Education:			

In addition to your work history (next page), what other experiences, skills or qualifications would especially suit you for this position:

WORK HISTORY

(List your relevant employment history, including all jobs held for at least the past 10 years. Use separate sheets, if necessary)

Most Recent Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

REFERENCES

List two people not related to you who have known you for at least one (1) year.

Name	Address	Phone	Relationship & Years Acquainted
1.			
2.			

EMERGENCY CONTACT INFORMATION

Name:	Phone:	Alternate Phone:
Address:		

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application, my resume and any other accompanying documents are true and complete to the best of my knowledge, and that I have withheld nothing which, if disclosed, would materially alter or contradict the facts contained therein. I understand that false statements, omissions or misrepresentations may result in the disqualification of this application for employment with the York Water District, or a withdrawal of any offer of employment, or if so employed, my dismissal from such employment.

I authorize my previous employers, schools which I attended and character references to provide any and all information pertaining to my tenure or contact with them, which is relevant to this application for employment; and I agree that persons or organizations providing such information, or the York Water District, shall not be liable should the information so provided warrant my disqualification from employment with the York Water District or if employed, my dismissal from such employment.

I understand that it will be necessary to conduct a personal background, criminal, driving, reference check, and if the position warrants it, credit check. I hereby authorize the York Water District to conduct such an examination and persons or organization contacted to provide such information.

I further understand that any offer of employment is conditional upon satisfactory completion of a physical examination at the York Water District's expense, when the nature of the position requires one, and that the examination will focus on my present ability to perform the essential functions of the position. I agree to present myself for such an evaluation at a location of the York Water District's choosing.

Signature: _____

Date: _____