

Please mail or bring your completed application to:

Town of Lisbon 300 Lisbon Street Lisbon, ME 04250

Resumes may be attached, but	t will not be accepted in lieu of a completed application.
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JUD Data					
Job Title:	Date available for employment:				
Personal Data					
Last Name:		First Name:		Middle:	
Please list other nam	nes used:				
Address:					
City:		State:	Zip:		
Phone #:		Evenings:	Alt	ernate:	
Are you over 18 years ol	d? 🗌 Yes 🗌 No	Do you have the legal right to work in the U.S.? \Box Yes \Box No			
All applicants who are o	ffered employment must p	rovide documents which establish their identit	y and employment eligibility for	authorization to work in the U.S.	
Have you ever worked o	r volunteered for the Mun	icipality? 🗌 Yes 🗌 No			
Do you have any relative	es employed with the Mun	icipality? 🗌 Yes 🗌 No 🛛 If yes, Please	list name and relationship:		
Drivers License :	State:	Number:	Class:	Expiration:	
Commercial D/L:	State:	Number:	Class:	Expiration:	
Have you had any traffic	convictions or accidents i	in the last three years? 🗌 Yes 🔲 No	If yes, please list b	elow:	
Conviction or Accident:			Date:		
Conviction or Accident:			Date:		
Conviction or Accident:			Date:		
		No If yes, please give details including s such as date of the offense, seriousness and n			ll he
considered.	in to employment, fuctor.	s such as and of the offense, schousness and h	and of the violation, rendottil	anon ana position appilea for wi	

Education

Did you graduate from High School or do you have a G.E.D?
Yes No

Name of School, College, or University	Major	Credit Hours	Diploma/ Degree*

*Proof of degrees obtained from College/University will be required upon hire.

Name of Trade/Technical/Business or Other Schools Attended	Course of Study	Credit Hours	Diploma/ Degree*

List Other licenses, professional registrations, certificates and professional memberships:

List Honors, Awards, Fellowships:	



Skills Overview	
Approximate Typing Speed in words per minute:	
Fluent in a language other than English: \Box Yes \Box No Language(s):	Speak: Read: Write:
Please summarize relevant skills and experience that exemplify your qualifications for the po	sition vou are seeking:
	j
Tools and machines you can use and operate:	
Light or heavy motor vehicle equipment you can operate:	
Summarize Volunteer Services work including dates:	
Summarize Leadership Roles:	
Employment History	
Current or most recent employer:	Phone:
Address:	
Your Title: Supervisors Name and Title:	
	I
Starting Salary: Present/Ending Salary:	Hours per week:
Work Performed:	
Reason for leaving:	
May we contact this employer if you are considered for the position? \Box Yes \Box No	
Employer:	Phone:
Address:	
Your Title: Supervisor's Name & Title:	
Employment Dates: From: To:	
Starting Salary: Present/Ending Salary:	Hours per week:
Work Performed:	
Reason for leaving:	
May we contact this employer if you are considered for the position? \Box Yes \Box No	
	Phone:
Address:	
Your Title: Supervisor's Name & Title:	
Employment Dates: From: To: Starting Salary: Present/Ending Salary:	
Starting Salary: Present/Ending Salary:	Hours per week:
Work Performed:	
Reason for leaving:	
May we contact this employer if you are considered for the position? \Box Yes \Box No	
way we contact this employer if you are considered for the position? \Box Yes \Box No	
Military Service	
Have you ever served on active duty in the U.S. Armed Forces? Yes No Dates From	
Branch: Primary Duties:	



Conditions of Consideration for Employment

All information contained on the application is subject to verification. The Municipality of Lisbon will conduct background checks including, but not limited to, work references, driving records, criminal background records and education attainment.

I understand an employment offer is also contingent upon successful review of work references, and satisfactory result of a background check. Certain positions are also conditioned on the successful completion of agility tests or skill evaluation and other appropriate investigations.

I also understand that specific positions at the Municipality of Lisbon may require me to provide evidence of an acceptable driving record.

I further understand that certain positions with the municipality may require the applicant to be eligible for bonding. In such instances, eligibility for bonding will be a consideration in determining an applicant's fitness for such position.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices. When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the application/recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that missions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Municipality of Lisbon and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service.

In addition, I give the Municipality of Lisbon the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Municipality of Lisbon in providing relevant, job related information that will assist in this process.

It is my understanding that this application along with any resume and letters/notes of reference, other than those letters and notes of reference I expressly submit in confidence, become a public document should I be hired by the municipality. As a result, I understand that the municipality cannot guarantee me its confidentiality.

I have read and understand the above "Conditions of Consideration for Employment." 🗌 Yes 🗌 No Please acknowledge by checking the appropriate box.

Date: