

Dexter Utility District
25 Main St.
Dexter, ME 04930
207-924-7367

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: _____

Physical Address: _____
Last First Middle Initial

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 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: _____