



# KITTERY WATER DISTRICT

17 State Rd., Kittery, ME 03904  
Tel: 207-439-1128 Fax: 207-439-8549

## APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: \_\_\_\_\_

*Instructions to Applicants:* (1) Use typewriter or **print** in ink. (2) Answer each question clearly and completely. (3) All statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper. (5) This application will be kept in active files for 3 months.

NAME: \_\_\_\_\_  
(Please print)

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE #: (home) ( ) ( ) (cell): ( ) ( )

E-MAIL: \_\_\_\_\_

How did you hear about this opening?

Advertisement      Friend/Relative      Walk-in      Other

Have you ever been employed by the Kittery Water District?      Yes      No

If yes, give the Department and dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Give the name and relationship of any present District Employee related to you: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you employed now?      Yes      No

May we contact your present employer?      Yes      No

### EDUCATION AND TRAINING

Highest grade completed: \_\_\_\_\_ Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Colleges or Universities attended      No. years attended      Major Subjects      Degree/Certificate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business, Trade or Correspondence Schools

\_\_\_\_\_  
\_\_\_\_\_

Skills possessed: (i.e., typing, equipment operator, etc.)

Special Licenses: (Check appropriate categories :)

ME Class #1 Driver's License #: \_\_\_\_\_ Class \_\_\_ License#: \_\_\_\_\_ Other: \_\_\_\_\_

List below, in order, the positions which you have held. Include any periods served in the Military. Show your present or most recent job first. Under "Description of Duties", list kind of work responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed:

From: \_\_\_\_\_ To: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

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

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From: \_\_\_\_\_ To: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

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

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From: \_\_\_\_\_ To: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

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

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**Applicant's Certification and Agreement -PLEASE READ CAREFULLY.**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant: \_\_\_\_\_

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