



CITY OF PORTLAND
 Human Resources
 389 Congress St. Room 115
 Portland, Maine 04101
 (207) 874-8624 (FAX) 874-8611 (TTY) 874-8936
 (WEB PAGE) www.portlandmaine.gov/jobs.asp
Application for Employment
 AN EQUAL OPPORTUNITY EMPLOYER

POSITION(s) 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 on file for 3 months.

NAME: _____ TODAY'S DATE: _____
 LAST (PLEASE PRINT) FIRST MIDDLE INITIAL MO. DAY YEAR
 ADDRESS: _____
 No. Street City State Zip
 TELEPHONE NO. HOME: _____ WORK: _____ SOCIAL SECURITY NO. _____

How did you hear about this opening? Advertisement Walk-in City Web Site Other Web Site Other

Have you ever been employed by the City of Portland? Yes No

If yes, give the Department and dates: From _____ To _____

Give the name and relationship of any present City Employee related to you. _____

On what date would you be available for work? _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Please read attached sheet for further information required by the City of Portland.

EDUCATION AND TRAINING

(CIRCLE HIGHEST GRADE COMPLETED)	NAME OF SCHOOL	LOCATION	GRADUATED <small>Yes or No</small>
1 2 3 4 5 6 7 8 9 10 11 12			
COLLEGES OR UNIVERSITIES ATTENDED	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
BUSINESS, TRADE OR CORRESPONDENCE SCHOOLS			

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position.

Maine Drivers License (class) A (1)___ B (2)___ C (3)___ Driver license # _____

COMPLETE AND SIGN OTHER SIDE

EXPERIENCE

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.

If you possess a resume print "SEE RESUME" in this section and attach to application.

From	To	Title of Position:
Name, Address and Phone # of Employer		Description of Duties
Name of Your Supervisor		
Number of Hours per Week		Reason for Leaving
From	To	Title of Position:
Name, Address and Phone # of Employer		Description of Duties
Name of Your Supervisor		
Number of Hours per Week		Reason for Leaving
From	To	Title of Position:
Name, Address and Phone # of Employer		Description of Duties
Name of Your Supervisor		
Number of Hours per Week		Reason for Leaving
From	To	Title of Position:
Name, Address and Phone # of Employer		Description of Duties
Name of Your Supervisor		
Number of Hours per Week		Reason for Leaving

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