

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

Town of Old Orchard Beach
1 Portland Avenue
Old Orchard Beach, ME 04064
Attn: Louise Reid, Asst Town Mgr

Resumes may be attached, but will not be accepted in lieu of a completed application.

| Job Data | | | |
|---|----------|--|--------------|
| Job Title: | | Date you will be available for employment: | |
| Job Posting No: | | | |
| Personal Data | | | |
| Name: Last: | | First: | Middle: |
| Address: | | | |
| City: | | State: | Zip: |
| Phone# | Days: | Evenings: | Alternate: |
| All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No | | | |
| Date of birth (if less than 18): | | | |
| Have you ever worked or volunteered for the Municipality? Yes No | | | |
| If yes, please give dates: | | | |
| Do you have any relatives employed with the Municipality? Yes No | | | |
| If yes, please list: | | | |
| Name | Division | Relationship | |
| Name | Division | Relationship | |
| Name | Division | Relationship | |
| Driver's License No. & State: | | Class: | Expiration: |
| Have you had any traffic convictions or accidents in the last three years? Yes No | | | |
| If yes, please list: | | | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Commercial Driver's License No. & State: | | Class: | Endorsements |
| Expires: | | | |
| Please list other names you have used: | | | |
| Have you been convicted of any crime? Yes No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying. | | | |

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Education *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

| | | | | | |
|--|-------|--------------|---------|-------------------|--|
| Did you graduate from High School or do you have a G.E.D.? | | Yes | No | High School Name: | |
| | | | | Location: | |
| Name of School, College(s) or University | Major | Credit Hours | Degree* | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| | | | |
|--|-----------------|---------|--|
| Name of Trade/Technical/Business or Other School(s) Attended | Course of Study | Diploma | |
| | | | |
| | | | |

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Approximate Typing Speed in words per minute:

List computer software with which you are familiar:

| | | | | |
|--|--------------|--------|-------|--------|
| Fluent in a language other than English: | Language(s): | Speak: | Read: | Write: |
| Yes No | | | | |

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

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:

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| Employment History <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application</i> | | | |
|--|-----------------|-----------------|--------|
| Current or most recent employer: | | | Phone: |
| Address: | | | |
| Your Title: | | | |
| Employment Dates | From: | To: | |
| Supervisor's name/title: | | | |
| Starting Salary: | Present/Ending: | Hours per week: | |
| Work Performed: | | | |
| Reason for leaving: | | | |
| May we contact this employer if you are considered for the position? Yes No | | | |
| Employer: | | | Phone: |
| Address: | | | |
| Your Title: | | | |
| Employment Dates | From: | To: | |
| Supervisor's name/title: | | | |
| Starting Salary: | Ending: | Hours per week: | |
| Work Performed: | | | |
| Reason for leaving: | | | |
| May we contact this employer if you are considered for the position? Yes No | | | |
| Employer: | | | Phone: |
| Address: | | | |
| Your Title: | | | |
| Employment Dates | From: | To: | |
| Supervisor's name/title: | | | |
| Starting Salary: | Ending: | Hours per week: | |
| Work Performed: | | | |
| Reason for leaving: | | | |
| May we contact this employer if you are considered for the position? Yes No | | | |

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Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

Employer: _____ Phone: _____

Address: _____

Your Title: _____

Employment Dates From: _____ To: _____

Supervisor's name/title: _____

Starting Salary: _____ Ending: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Employer: _____ Phone: _____

Address: _____

Your Title: _____

Employment Dates From: _____ To: _____

Supervisor's name/title: _____

Starting Salary: _____ Ending: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Military Service

Have you ever served on active duty in the U.S. armed forces? Yes No

Dates: From: _____ To: _____

Branch: _____

Primary Duties: _____

**TOWN OF OLD ORCHARD BEACH
EMPLOYEE INFORMATION FORM**

New: Date of Hire _____ Change: Date of Change _____

If new, enter all necessary information

If change, enter only new information

Employee Number (assigned by Finance): _____

Job Class 01

Employee Name: _____

Soc. Sec. # _____

Mailing Address: _____

Date of Birth _____

Sex: M F (circle)

Marital Status: S M H W

Home Phone: _____

Race: W B H A I Other

In Case of Emergency, Notify: _____

Phone: _____

Address: _____

Relationship: _____

Department: _____

Position/Grade: _____

Full Time Part Time

Seasonal F/T Seasonal P/T

Wage Rate: _____

Account to be Charged: _____

Subject to: Personnel Policy

Union Contract, Union Dept.: _____

Changes:

Terminated, Date of Last Work: _____

Part Time Changed to Full Time, Effective Date: _____

Full Time Changed to Part Time, Effective Date: _____

Re-hired after Previous Termination, Date of Re-hire: _____

Changed from Seasonal to Regular, Effective Date: _____

Other: _____ Effective Date: _____

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

| | |
|--|----------------|
| A Enter "1" for yourself if no one else can claim you as a dependent | A _____ |
| B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B _____ |
| C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C _____ |
| D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit | F _____ |
| G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. | G _____ |
| H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | H _____ |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

| | | |
|--|--|--|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div> |
| 1 Type or print your first name and middle initial. Last name | | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 _____ |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ _____ |
| 7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here | | 7 _____ |
| <small>Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.</small> | | |
| Employee's signature <small>(Form is not valid unless you sign it.) ▶</small> | | Date ▶ |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | 9 Office code (optional) 10 Employer identification number (EIN) |

**FORM
W-4ME**

**MAINE
Employee's Withholding Allowance Certificate**

| | | | |
|---|--|---|--|
| 1. Type or print your First Name _____ M.I. _____ Last Name _____ | | 2. Your Social Security number _____ - _____ - _____ | |
| Home address (number and street or rural route) _____ | | 3. <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| City or town _____ State _____ ZIP Code _____ | | <input type="checkbox"/> Married, but withholding at higher Single Rate | |
| <small>Note: If married but legally separated, or spouse is a nonresident alien, check the single box.</small> | | | |
| 4. Total number of allowances you are claiming from line C of the worksheet below 4. | | | |
| 5. Additional amount, if any, you want withheld from your paycheck 5. | | \$ _____ | |
| 6. If you do not want any state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select: | | | |
| a. You claimed "Exempt" on line 7 of your federal Form W-4 | | 6a. <input type="checkbox"/> | |
| b. You completed federal Form W-4P and checked the box on line 1 | | 6b. <input type="checkbox"/> | |
| c. Resident employee with no Maine tax liability in prior or current year | | 6c. <input type="checkbox"/> | |
| d. Recipient of periodic retirement payments with no tax liability in prior or current year | | 6d. <input type="checkbox"/> | |

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE

(Form is not valid unless you sign it.) ▶

Date ▶

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)

| | | | |
|---|--|---|--|
| 7. Employer/Payer name and address (Employer/Payer: Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services) _____ | | 8. Employer/Payer Identification Number _____ | |
| 9. Employer/Payer Contact Person: _____ | | 10. Contact Person's Phone Number: _____ (____) _____ - _____ | |

----- Cut here and give the certificate above to your employer. Keep the part below for your records. -----

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

General instructions: If you qualify for one of the Maine exemptions from withholding, please complete lines 1, 2, 3 and 6, and sign the form. Otherwise, complete the Personal Allowances worksheet below. You may claim fewer allowances than you are entitled to, but you must obtain special permission from the Executive Director of Maine Revenue Services if you want to claim more allowances than claimed on your federal Form W-4.

Box 3. Select the marital status that applies to you. Married individuals have the option of withholding at the higher single rate.

Line 6. Exemptions from withholding:

Line 6a. You may check this box if you claimed "Exempt" on line 7 of your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are an employee receiving wages and you meet both of the following conditions:

1. You had no Maine income tax liability last year, and
2. You reasonably expect to have no Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year. This election will remain in effect until you complete a new Form W-4ME.

Note: You may be subject to penalty if you do not have sufficient withholding to meet your Maine income tax liability.

Personal Allowances Worksheet

| | |
|---|----------|
| A. Number of allowances claimed on federal Form W-4, line 5 or Form W-4P, line 2. | A. _____ |
| B. Less: Number of allowances claimed on federal Form W-4 Personal Allowances Worksheet, line G for the Child Tax Credit. | B. _____ |
| C. Number of allowances for Maine purposes (line A minus line B). See general instructions above if you want to claim fewer allowances or more allowances than claimed for federal purposes. | C. _____ |

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

| | |
|----------------------|-----------------------|
| Employee's Signature | Date (month/day/year) |
|----------------------|-----------------------|

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|-----------------------------------|------------|
| Preparer's/Translator's Signature | Print Name |
|-----------------------------------|------------|

| | |
|---|-----------------------|
| Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |
|---|-----------------------|

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|--|------------|-------|
| Signature of Employer or Authorized Representative | Print Name | Title |
|--|------------|-------|

| | |
|---|-----------------------|
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |
|---|-----------------------|

Section 3. Updating and Reverification (To be completed and signed by employer.)

| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

| | | |
|-----------------------|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
|-----------------------|-------------------|---------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|