

Town of Old Orchard Beach, Maine

1 Portland Avenue

Old Orchard Beach, ME 04064

Telephone: (207) 934-5714 Fax: (207) 934-7967 www.oobmaine.com



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

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Social Security #:	Telephone #:()	Cell Phone #:()	
E-mail address:			
Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no If no, are you authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain?			
Are you over 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no If not, a work permit will be required.			
Position(s) applied for:		Full time _____ Part time _____	
Are you employed at the present time? <input type="checkbox"/> yes <input type="checkbox"/> no Date available to start work?			
Have you worked for us before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when?		Position:	
Do you have any relatives who currently work or have worked for us before? If yes, list Name , Relationship:			
Indicate special qualifications, skills, licenses, and /or certifications held:			
Have you ever been convicted of a crime (including misdemeanors and traffic offenses): If yes, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for).			

EDUCATION			
High School		Address	
From	To	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Degree
College		Address	
From	To	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Degree
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Degree

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PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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REFERENCES	
<i>Please list three professional references.</i>	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	
Notes:	
Disclaimer and Signature	
<p>"I certify that all statements made by me on this application, my resume, and on any other accompanying documents are true and complete to the best of my knowledge. I also certify that I have withheld nothing which, if disclosed, would materially alter or contradict the facts contained therein. I understand that false statements, omissions, or misrepresentations may result in the disqualification of this application for employment with the Town, or a withdrawal of any offer of employment, or if so employed, my dismissal from such employment.</p> <p>I authorize my previous employers, schools which I have attended, and character references to provide any and all information pertaining to my tenure or contact with them, which is relevant to this application for employment and I agree that persons or organizations providing such information, or the Town of Old Orchard Beach, shall not be liable should the information so provided warrant my disqualification from employment with the Town or if employed, my dismissal from such employment.</p> <p>I understand that it may be necessary to conduct a personal background, credit and reference check, and if the position warrants it, a criminal background check. I hereby authorize the Town to conduct such an examination and persons or organizations contacted to provide such information.</p> <p>I further understand that any offer of employment is conditional upon satisfactory completion of a physical examination at the Town's expense, when the nature of the position requires one, and that the examination will focus on my present ability to perform the essential functions of the position."</p> <p>Date: _____ Printed Name: _____</p> <p>Applicant's Signature: _____</p>	
The Town of Old Orchard Beach is an Equal Opportunity Employer	

Old Orchard Beach Police Department

Authority for Release of Information (Background Investigation Waiver)

Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records.

Applicant's Name: _____

Date of Birth: _____ *Social Security #:* _____

**Employing Agency requesting information: Old Orchard Beach Police Department
Telephone: 207-934-4911 ex 605**

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214, Report of Separation, to:

**Old Orchard Beach Police Department
136 Saco Avenue
Old Orchard Beach, Maine 04064**

Applicants Signature

Date