



**APPLICATION FOR EMPLOYMENT  
CITY OF LEWISTON  
HUMAN RESOURCES DEPARTMENT  
CITY BUILDING \* 27 PINE STREET  
LEWISTON ME 04240**

DATE: _____
POSITION: _____
DEPT: _____

We deeply appreciate your interest in the City of Lewiston and assure you that we are sincerely interested in your qualifications for possible employment in a capacity commensurate with your education and training.

The City of Lewiston is an Equal Opportunity employer and will not discriminate in any of its practices on the basis of race, color, religion, sex, marital status, physical or mental disability, age, ancestry, national origin, or veteran status unless based upon a bona fide occupational qualification.

**PERSONAL DATA**

NAME: \_\_\_\_\_  

LAST	FIRST	MIDDLE
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PRESENT ADDRESS: \_\_\_\_\_  

NUMBER	STREET	
CITY	STATE	ZIP CODE

TELEPHONE #: \_\_\_\_\_ How long have you lived at the above address? \_\_\_\_\_

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

NUMBER	STREET	
CITY	STATE	ZIP CODE

How long did you live there? \_\_\_\_\_ Are you a legally authorized to work in the U.S.? YES NO

In case of emergency notify: \_\_\_\_\_  

NAME	RELATIONSHIP
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STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE #
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IF YOUR ANSWER IS "YES" TO QUESTION 1 OR 2 PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

1. Have you ever been convicted of a felony? YES NO
2. Can you perform the essential functions of the job for which you are applying? YES NO

If NO, list reasonable accommodations required for you to perform the job: \_\_\_\_\_

Do you possess a valid State of Maine driver's license? YES NO  
 If yes, give license number: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
 Have you ever been employed by the City of Lewiston? YES NO  
 If yes, what department: \_\_\_\_\_ When: \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? YES NO If YES, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

Do you possess an honorable discharge? YES NO

EDUCATION & TRAINING				
	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?
ELEMENTARY				YES NO
HIGH SCHOOL				YES NO
COLLEGE				YES NO
OTHER				YES NO

PREVIOUS EXPERIENCE				
COMPANY NAME & LOCATION (start w/most recent employer)	DESCRIPTION OF DUTIES	DATES	SALARY	REASON FOR LEAVING
		FROM: TO:	\$	
		FROM: TO:	\$	
		FROM: TO:	\$	

List here any other qualifications or experience you may possess which you think is applicable to the position you are applying for (such as typing, shorthand, equipment you can operate, other languages you know, etc.).

**PERSONAL REFERENCES**  
(Not former employers or relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1. _____		
2. _____		
3. _____		

**CERTIFICATE OF APPLICANT**  
(Please read carefully before signing).

I hereby certify that all answers given in this application are true and accurate to the best of my knowledge. If employed, I realize that any false statements or omissions of material facts made by me during the application and employment process shall be considered sufficient cause for immediate dismissal.

In making this application, I also understand that an investigative report may be made as to my character, reputation, ability, and credit record.

SIGNATURE OF APPLICANT: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

EXIT INTERVIEW COMMENTS:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_