

CITY OF BATH APPLICATION FOR EMPLOYMENT



Date _____

Full Legal Name _____ Preferred Name
(if applicable) _____

Street Address _____ City _____ State _____ ZIP _____

Telephone _____ Email: _____

POSITION APPLIED FOR

Wage or salary desired? \$ _____ When can you start? _____

How did you learn about this opening? _____

Are you eligible to work in the United States? [] Yes [] No

Have you worked for the City of Bath before? [] Yes [] No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? [] Yes [] No

Can you perform these essential functions with or without reasonable accommodations? [] Yes [] No

What days and times are you available to work? _____

Are you able to work overtime if required? [] Yes [] No

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/ DEGREE
High School			
College/Univ.			
College/Univ.			
Other Training/Education			

List relevant certifications or licenses

What other experiences, skills or qualifications would make you a good fit for this job?

Why would you like to work for the City of Bath?

How does this position fit with your long-term goals?

WORK HISTORY May we contact your present employer? [] Yes [] No

Most Recent Employer	Address	Telephone
Date Started?	Starting Position	
Date Left?	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started?	Starting Position	
Date Left?	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started?	Starting Position	
Date Left?	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

REFERENCES

REFERENCE NAME	TELEPHONE AND/OR EMAIL	RELATIONSHIP

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge.

I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City of Bath to make an investigation of any of the facts set forth in this application.

DATE _____ APPLICANT'S SIGNATURE _____

Bath, Maine is an equal opportunity employer

55 FRONT ST, BATH ME | (207) 443-8330 | TTY: Dial 711 (Maine Relay)



CRIMINAL BACKGROUND CHECK POLICY

Bath Parks & Recreation Department

The Department may conduct criminal record checks as part of the application or licensing process. This search may include appropriate court records relating to the applicant's county of residence for evidence of felony and/or misdemeanor convictions and potentially searches of the Maine criminal offender record information database, and/or other state-by-state or national criminal databases followed by verifying county searches. Where a criminal record check is part of a general background check for employment, volunteer work, or licensing purposes, the following practices and procedures will generally be followed.

I. Criminal record checks will be conducted in accordance with applicable law. Applicants or employees will be notified if a criminal record check will be conducted. If requested, the applicant or employee will be provided with a copy of this criminal background check policy.

II. Department personnel with responsibility for reviewing reports in the decision-making process will be familiar with the educational materials made available by the Department of Criminal Justice Information Services (DCJIS).

III. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant or employee. Rather, determinations of suitability based on criminal record checks will be made consistent with this policy and any applicable law or regulations.

IV. If a criminal record is received; the authorized individual will closely compare the record provided with the information on the Disclosure and Authorization Form or CORI request form, and any other identifying information provided by the applicant or employee, to ensure the record relates to the applicant or employee.

V. The Department is inclined to make an adverse decision based on the results of the criminal background check, the applicant or employee will be notified immediately. The applicant or employee will be provided with a copy of the criminal record, the Department's criminal background policy, and will be advised of the part(s) of the record that make the individual unsuitable for the position or license. The Department will provide the applicant or employee with an opportunity to dispute the accuracy and relevance of the criminal record.

VI. Applicants or employees challenging the accuracy of a criminal record shall be provided a copy of Information Concerning the Process in Correcting a Criminal Record. If the criminal record provided does not exactly match the identification information provided by the applicant or employee, the Department will make a determination based on a comparison of the criminal record and documents provided by the applicant or employee.

VII. If the Department reasonably believes the record belongs to the applicant or employee and is accurate the Department will then determine the applicant or employee's suitability for the position or license at issue. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to the following:

- a) **Relevance of the crime to the position sought**
- b) **The nature of the work to be performed**
- c) **Time since the conviction**
- d) **Age of the candidate at the time of the offense**
- e) **Seriousness and specific circumstances of the offense**
- f) **The number of offenses**
- g) **Whether the applicant has pending charges**
- h) **Any relevant evidence of rehabilitation or lack thereof**

i) Any other relevant information, including information submitted by the candidate or requested by the hiring authority.

VIII. The Department will notify the applicant or employee of the decision and the basis of the decision in a timely manner.

NAME (Please Print)_____

NAME (Signature)_____ DATE_____

BACKGROUND CHECK AUTHORIZATION

I, _____, do understand that before concluding the assessment of my qualifications for the position of _____ with the City of Bath a background investigation will become necessary. I therefore authorize the City of Bath or it's agents to conduct such an investigation for this use involving such things but not limited to, driving history checks, criminal records checks, contacting prior employers where I have been employed pertaining to performance, contacting personal references, and verifying educational attainment. I hereby authorize all my present and previous employers or their successors and/or references to release and furnish information concerning my personal character, habits, or employment performance. I also authorize schools that I have attended to release and provide such records and information as may pertain to my attendance and performance.

Applicant Signature

Date of Birth

Applicants Full Name (printed)

Alias or Other Name

Current Address

Previous Address (if less than 3 yrs)

Today's Date