

# 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)



## **CITY OF BATH**

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### **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

City Hall    55 Front Street    Bath, Maine 04530  
SHIPS   HERITAGE   PROGRESS