

CITY OF CARIBOU

Employment and Volunteer Application

25 High Street, Caribou, ME 04736 (207) 493-3324

An Equal Opportunity Employer

The City of Caribou is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Human Resources Office at 493-3324, Ext. #210

A fully completed application is required for each position applied for. "See resume" is not acceptable in any field.

I. Contact Inform	ation.			
Name:		Date:		
Address	# and Street	City and State	Zip Co	ode
Telephone		Ema	il	
II. Position Applyin	g For (Please specify positi	ion title or job category).		
How did you hear at	oout this position?			
	employed by the City of Ca	aribou? When? What departs	ment_	
III. Education School	Name, Address, City	, State	Years Attended	Degree
High School		<u></u>		
College				
Graduate School				
Trade, Business, other courses				
Military Service, Other Training				
Do you have a valid Do you have a valid	driver's license (Class A A CDL license (Class A or B)	Auto)?	w seek). A valid license is a condition of √No If yes, enter expirat √No If yes, enter expirat	tion datetion date
V. Office Skills (If a	ıpplicable).		ou feel best describes your knowle	
V	1 D	✓Beginner	✓Intermediate Level	✓ Advanced Level
Knowledge of Wo	E			
Bookkeeping Kno				
Transcription/Not				
Web/Social Medi				

VI. Special Skills Please list any other skills or abilities you feel are relevant:				
VII. Employment History. (Resumes are required ection; this application must be filled out in its ent	for all full time positions, but please do not write "see resume" in any irety)			
	d. Start with your present or last employer. You may include military tern or volunteer. You () may () may not contact my present			
Employer	Address			
Telephone	Title			
Supervisor	Dates Worked			
Reason for Leaving				
Description of Primary Duties:				
Employer	Address			
Telephone	Title			
Supervisor	Dates Worked			
Reason for Leaving				
Description of Primary Duties:				
Employer	Address			
Telephone	Title			
Supervisor	Dates Worked			
Reason for Leaving				
Description of Primary Duties:				
	Address			
Employer				
Telephone	Title			
	Title Dates Worked			

Name	ferences: (a minimum of 3 references is a Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
•	n convicted of a criminal offense? (circle of please state the date(s) of the charge(s) a		
A conviction will not	necessarily be a bar to employment.		
ne City of Caribou is	subject to certain child labor provisions int Permit or Educational Certificate may		
re you under age 18?	(circle one) Yes No If yes	, please indicate your age:	_
	ion. ent are conditional upon a physical exam perform the essential duties of the positio		ation, where required.
	ent are conditional upon the satisfactory on of a required drug or alcohol test is a co		
I understand that a The information the my application, re employment or ca	ALL PARTS OF THIS APPLICATION acceptance of this application by the City hat I have provided is true and complete. sume, or in any other materials, or as pron be justification for termination from entering of the control of the con	of Caribou does not imply that I w I understand that misrepresentatio vided during interviews, can be just aployment, if employed.	on or omission of any fact

- C. I understand that any offer of employment that I receive from the City of Caribou is contingent upon my successful completion of the pre-employment screening process including but not limited to the City of Caribou receiving satisfactory references, a satisfactory criminal history and criminal record check, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application for employment, the City of Caribou may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

- E. I authorize the City to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the City of Caribou, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, and/or an occupational evaluation, that I may be subject to drug and/or alcohol testing, that the City may request a criminal background check on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand that the City of Caribou is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an appropriate bargaining unit contract.

e Above Statement And All Statements Contained In This
Date

CITY OF CARIBOU APPLICANT PROFILE

OPTIONAL INFORMATION

Please complete this information for our records AND REQUIRED REPORTING. Please submit form with your completed application. Thank you.

PLEASE PRINT

Applicant Name:				
	last	first	middle initial	
Applicant Address:				
		x, street, town, state & zip code	!	
Position applying for	::			
Sex: M F				
Race Selection Please circle one of	the following:			
l. White: (not Hispa the Middle East.	nic origin) All p	ersons having origins in any of	the original peoples of Europe, North Afric	ca, or
2. Black: (not of His	panic origin) A	ll persons having origins in any	of the Black racial groups of Africa.	
3. Hispanic: All personigin, regardless		, Puerto Rican, Cuban, Central o	or South American, or other Spanish culture	e or
	tinent, or the Pac		e original peoples of the Far East, Southeast s, for example, China, India, Japan, Korea, t	
		e: All persons having origins in cation through tribal affiliation of	n any of the original peoples of North Amer or community recognition.	rica,
6. Cape Verdean: Al	l persons who a	re descendants of anyone born i	in the Cape Verde Islands.	

7. Unknown