

# TOWN OF GRAY

24 Main St., Gray, ME 04039

Employment Application (Pre-employment Questionnaire; an Equal Opportunity Employer)

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Date Available		Social Security No.		Desired Salary			
Position Applied for							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 18 Years or Older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
In Case of Emergency Notify:							
Ever applied to this municipality before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	When:			
EDUCATION							
High School			Address				
From	To	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address				
From	To	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address				
From	To	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Special Training:							
Special Skills:							
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							



**DISCLAIMER AND SIGNATURE**

I understand and agree that I may be required, as a result of the job classification, to take one or more physical examination(s) and alcohol and drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time designated by the Municipality and to release the Municipality, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

YES  NO

I certify that all information submitted by me on this application is true and complete and I understand that if any false information, misrepresentations or failure to fully complete this application shall be cause to reject the application or may be cause for subsequent dismissal if you are hired. .

In consideration of my employment, I agree to conform to the Town of Gray's personnel rules and regulations and I agree that my employment and compensation can be terminated without cause and with or without notice, at any time, at either my or the Municipality's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Town.

Signature

Date

# Municipality of Gray

## Voluntary statement of Consent for Investigation and Release of Information

### Background Check Authorization Form

I, \_\_\_\_\_, understand that in order to assess my qualifications for the position of \_\_\_\_\_ a full background investigation is necessary. I, therefore, authorize the Municipality of

Gray to conduct an investigation in order to obtain information concerning my background, which may include but not be limited to:

Verification of information provided on my application for employment;

\_\_\_\_\_ (initials) \_\_\_\_\_ (date)

Contacting employers (past/present), clients, business associates, professional organizations, or other institutions, regarding work performance and character;

\_\_\_\_\_ (initials) \_\_\_\_\_ (date)

Verification of licensure and/or educational attainment;

\_\_\_\_\_ (initials) \_\_\_\_\_ (date)

Criminal background check; \_\_\_\_\_ (initials) \_\_\_\_\_ (date) -

Credit check; and \_\_\_\_\_ (initials) \_\_\_\_\_ (date) -

Driver's license check. \_\_\_\_\_ (initials) \_\_\_\_\_ (date) -

I understand that a consumer report may be prepared summarizing the above information. I may request a copy of any report that is prepared regarding me from the consumer reporting agency and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that proper identification will be required and that I should direct my request to: \_\_\_\_\_

\_\_\_\_\_.

I hereby release any individual, entity and the municipality from all claims of liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

All the information and materials I have provided to the Municipality of Gray as part of the employment process are accurate and truthful. I realize that providing the municipality with false information or intentionally withholding relevant information regarding my application may be grounds for dismissal.

Applicant Name (*Print*) \_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date \_\_\_\_\_