



EMPLOYMENT APPLICATION TOWN OF GRAY, MAINE

For Office Use Only

Date Received: _____

Received by: _____

Pre-employment Questionnaire

The Town of Gray is an equal opportunity employer. We do not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including pregnancy), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, or any other characteristic protected by law. The Town of Gray prohibits discrimination or harassment on any such basis.

NOTE: If you need assistance in completing this application form or during any point of the application, interview, or employment process, please notify Human Resources or the Town Manager and every reasonable effort will be made to accommodate your needs efficiently.

APPLICANT INFORMATION

Last Name		Date	
First Name		Middle Initial	
Address			Apartment/Unit #
City	State	Zip	
Phone	Email Address		
Are you legally authorized to work in the U.S.?	YES	NO	
Are you at least 18 years or older?	<input type="checkbox"/> YES	NO	<i>If no, you may be required to provide authorization to work.</i>
Ever applied to this municipality before?	YES	NO	<i>If so, when?</i>
What days and times are you available to work?			
Position desired		Department	
Wage/salary desired		Date Available	

EDUCATION

School	Major	Degree
High School	N/A	
College/Univ.		
College/Univ.		
Relevant Training or Certifications:		
Relevant Skills or Qualifications:		

REFERENCES

Full Name	Relationship
Company	Phone
Email address	
Full Name	Relationship
Company	Phone
Email address	
Full Name	Relationship
Company	Phone
Email address	

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WORK HISTORY May we contact your present employer? YES NO

Most Recent Employer	Address	Phone
Position(s)	Supervisor Name and Title	
Description of Duties		
From _____ to _____	Reason for Leaving	
Previous Employer	Address	Phone
Position(s)	Supervisor Name and Title	
Description of Duties		
From _____ to _____	Reason for Leaving	
Previous Employer	Address	Phone
Position(s)	Supervisor Name and Title	
Description of Duties		
From _____ to _____	Reason for Leaving	

Additional Experience:

MILITARY SERVICE

Branch	From _____ to _____
Rank at Discharge	

Please describe training received and/or work experience:

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FIRE RESCUE ONLY

Complete this section only if you are applying for a position/membership with Gray Fire Rescue

Application for: Fire Rescue Auxiliary Fire Police

Ever been a member of Gray Fire Rescue?	YES	<input type="checkbox"/>	NO	If so, when:
Ever belong to any Fire Rescue organization?	YES		NO	If so, where:
Are you currently certified as a Firefighter in Maine?	YES		NO	
Do you currently hold an EMS license in the State of Maine?	YES		NO	License # Level

Why do you want to join Gray Fire Rescue?

List any friends/relatives working with Gray Fire Rescue:

DISCLAIMER AND SIGNATURE

YES	NO	I certify that all information submitted by me on this application is true and complete. I authorize the Town of Gray to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.
YES	NO	I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Town of Gray to hire me. If I am hired, I understand that either the Town or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. 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.
YES	NO	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 Town of Gray and to release the Town, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).
Date		Signature