



# BANGOR WATER DISTRICT

P.O. BOX 1129 · BANGOR, ME 04402-1129  
TEL: (207) 947-4516 · FAX: (207) 947-5707  
www.bangorwater.org

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State and Zip Code: \_\_\_\_\_

Telephone number(s) where you wish to be contacted: \_\_\_\_\_

***BWD is committed to compliance with all federal, state, and local laws regarding non-discrimination in employment. Prospective employees will receive consideration without regard to race, creed, sex, age, national origin, handicap, veteran status, or physical/mental ability when essential job functions, as reasonably accommodated, do not require such distinction. Consistent with the Americans with Disability Act and the Maine Human Rights Act, applicants may request accommodations needed to participate in the application process. No question on this application is intended to secure information to be used for unlawful purposes.***

***Please read and complete the application carefully, then sign and date the last page.***

### PERSONAL INFORMATION

1. Position applied for: \_\_\_\_\_
2. Have you applied for employment here previously? Yes  No
3. Apart from religious observance, are you available for fulltime work? Yes  No
4. Will you work overtime if asked? Yes  No
5. When will you be able to begin work? \_\_\_\_\_
6. Are you over 18 years of age? (if no, verification of age required) Yes  No
7. Are you legally eligible for employment in the United States?  
Are you a U.S. citizen? Yes  No   
Yes  No
8. Can you, with or without reasonable accommodations, perform the job  
for which you have applied? Yes  No
9. Do you have a valid United States driver's license? Yes  No   
Class \_\_\_\_\_ State \_\_\_\_\_
10. Are any friends or relatives employed by BWD? Yes  No   
If yes, state name(s) \_\_\_\_\_
11. How did you learn about this position? \_\_\_\_\_

**EDUCATION / MILITARY / TRAINING / SKILLS**

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?
GRADUATE				
COLLEGE				
BUSINESS/TRADE				
HIGH SCHOOL				
ELEMENTARY				

1. Did you serve in the U.S. Armed Forces? Yes  No

Special training relevant to position for which you are applying:

---

2. List any training, skills or experience relevant to this position, i.e. types of equipment operated and any job related experience.

---



---



---



---



---

**EMPLOYMENT HISTORY**

*Please provide accurate and complete information. **Begin with your present or most recent employer.** We may contact the employers listed unless you indicate otherwise.*

Company Name: \_\_\_\_\_

Address/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer:            Yes             No

---

Company Name: \_\_\_\_\_

Address/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer:            Yes             No

---

Company Name: \_\_\_\_\_

Address/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer:            Yes             No

---

Company Name: \_\_\_\_\_

Address/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer: Yes  No

---

**PLEASE READ CAREFULLY**

The information provided in this application for employment is true, correct, and complete. I understand that any misstatement or omission of fact on this application will be sufficient reason for either refusal to hire or termination from employment.

I understand that acceptance of an offer of employment does not create a contractual obligation with BWD to continue to employ me in the future, and that BWD is an "at will" employer. I understand that either BWD or I may terminate employment at any time, without prior notice, and with or without cause.

I understand that BWD may obtain employment, education, military, credit, insurance, and law enforcement history. I authorize BWD to do so, and all persons, schools, employers, law enforcement, government entities, and credit agencies to release this information to BWD or its agent. If a report is obtained, BWD will provide at my request the name of the agency that furnished any report. I understand that my ability to be insured and/or bonded by the District may be a condition of employment for some positions.

I understand that if offered a position defined as "safety sensitive" (including positions falling under Dept. of Transportation requirements), I must undergo a pre-employment physical and substance abuse test by a BWD-selected health professional, and that employment is conditional pending the results of these exams.

I understand that BWD has drug and alcohol testing policy that includes pre-employment, reasonable suspicion, post-accident, random test, return to duty, and follow-up as required, and participation is a condition of employment. Failure to participate and comply with program requirements may result in disciplinary action up to and including termination of employment.

I understand that a demonstration of job-related skills for some positions may be required, and that references as listed and approved above will be contacted.

I understand that the District requires its employees to live within 30 miles of the Bangor city limits in order to promptly respond to emergencies, and that weekend, holiday, and overtime work may be required.

Signature: \_\_\_\_\_ Date of application: \_\_\_\_\_