

# SANFORD SEWERAGE DISTRICT

P.O. BOX 338 • SPRINGVALE, ME 04083  
TEL: (207) 324-5313 • FAX: (207) 324-5087

## APPLICATION FOR EMPLOYMENT

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

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

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

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

*SSD 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? Yes ☐ No ☐  
If not, employment is subject to verification of age.
7. Are you legally eligible for employment in the United States? Yes ☐ No ☐  
Are you a U.S. citizen? 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. Yes ☐ No ☐
11. Are any friends or relatives employed by SSD? Yes ☐ No ☐  
If yes, state name(s) \_\_\_\_\_

# 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:

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

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## 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 ☐

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Company Name: \_\_\_\_\_  
Address/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer: Yes ☐ No ☐

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Company Name: \_\_\_\_\_  
Address/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer: Yes ☐ No ☐

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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 SSD to continue to employ me in the future, and that SSD is an "at will" employer. I understand that either SSD or I may terminate employment at any time, without prior notice, and with or without cause.

I understand that SSD may obtain employment, education, military, credit, insurance, and law enforcement history. I authorize SSD to do so, and all persons, schools, employers, law enforcement, government entities, and credit agencies to release this information to SSD or its agent. If a report is obtained, SSD 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 employment—I must undergo a pre-employment physical and substance abuse test by a SSD-selected health professional, and that employment is conditional pending the results of these exams. I understand that SSD's drug and alcohol testing policy regarding employees includes pre-employment, reasonable suspicion, post-accident, random test, return to duty, and follow-up. Employees must participate in the drug and alcohol testing program prescribed as 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 Sanford city limits in order to promptly respond to emergencies, and that weekend, holiday, and overtime work may be required.

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