

2021 Summer Employment Application

Millinocket

The Millinocket Recreation Department is presently accepting applications for the following positions for summer employment.

6 REGULAR LIFEGUARDS (Certified Lifeguard, WSI, CPR and Advanced First Aid preferred) must send copies of current cards.

SPARE LIFEGUARDS: Must send copies of current cards.

2 Pool Window Attendants
Spare Workers

Applications may be obtained from and return to the Millinocket Town Office during regular working hours. The application dead line is Friday, February 19th, 2021.
Call: 746-3553

Individuals 15 years of age must obtain a work permit at the Superintendent of Schools Office
The Town of Millinocket is an Equal Opportunity Employer

Town of Millinocket Employment Applications
(Pre-employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION:

Date _____

Name _____ Social Security No. _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Are you 18 Years or Older? _____ Yes _____ No If no, are you younger than 16? _____ yes _____ no

Do you have a work certificate from school: _____ yes _____ no If yes, date _____

Phone No. _____ In case of Emergency/Notify: _____

Are you legally able to work in the United States _____ Yes _____ No Class of Driver's License: _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we contact your present employer? _____

Ever worked for this municipality before? _____ When? _____

Reason for Leaving:

Name of last supervisor at this municipality: _____

Who referred you to this municipality? Please list:

EDUCATION:

School Level _____ College/No. of Years Attended _____

Did you Graduate? _____ Subjects Studied _____

Grammar School _____

High School _____

College _____

GENERAL:

Special Training _____

Special Skills _____

FORMER EMPLOYERS: (List last three employers, starting with last one first)

1.) Name and Address of Present or Previous Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No. _____

Description of Work: _____

Reason for Leaving: _____

2.) Name and Address of Previous Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No. _____

Description of Work: _____

Reason for Leaving: _____

3.) Name and Address of Previous Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No. _____

Description of Work: _____

Reason for Leaving: _____

REFERENCES: (Give below the name of three persons, not related to you, whom you have known at least one year)

Name	Address	Business	Years Acquainted	Phone#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

SERVICE RECORD:

Branch of Service: _____ Discharge Date/Rank: _____

Present membership in
National Guard or Reserves: _____ Date Obligation Ends: _____

Are you able to perform each of the following job functions on the attached job description for which you applied? Yes _____ No _____

If not, please explain why and what accommodations may be necessary.

Have you been convicted of a felony or misdemeanor within the last ten (10) years? Yes _____ No _____

If yes, describe: _____

Have you ever violated a DOT drug and alcohol testing regulation? Yes _____ No _____

Have you ever failed or refused a DOT drug or alcohol pre-employment test within the past two years for which an employer didn't hire you? 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} at such time as 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}. If applicable.

Yes _____ No _____

AUTHORIZATION:

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. IF CONSIDERATED FOR EMPLOYMENT, I AGREE TO CONFORM TO THE TOWN OF MILLINOCKET'S PERSONNEL RULES AND REGULATIONS. I ALSO AUTHORIZE THE TOWN OF MILLINOCKET TO CONTACT PERSONAL REFERNCES AND PREVIOUS EMPLOYERS.

Date _____ Signature _____