

Kennebunk, Kennebunkport & Wells Water District

# EMPLOYMENT APPLICATION

Equal Opportunity Employer

P.O. Box 88  
92 Main Street  
Kennebunk, ME 04043  
(207) 985-3385, (207) 985-3102 fax

POSITION APPLIED FOR		
Title:	_____	
Department:	_____	
Date You Are Available:	_____	
<b>FOR OFFICIAL USE ONLY</b>		
Date Received:	Time: _____	Received By: _____

## GENERAL INSTRUCTIONS

- Please type or print in ink.
- To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
- Photocopies are acceptable.
- All information you submit is subject to verification.
- KKWWD hires only U.S. citizens and lawfully authorized alien workers.

## HOW DO WE CONTACT YOU

Name	Social Security #	
Mailing Address	Email Address	
City	State	Zip Code
Home Phone	Business Phone	

## EDUCATION

### HIGH SCHOOL:

Name and Address of School	Received:
	[ ] Diploma [ ] GED Diploma [ ] Other (specify) [ ] None

### COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

Name and Location of School	Dates of Attendance		Credit Hours Earned	Course of Study	Degree
	From	To			
_____					
_____					
_____					

### JOB RELATED TRAINING OR COURSE WORK

Name and Location of School	Course of Study		Completed?
	From	To	
_____	From _____ To _____	_____	[ ] Yes [ ] No
_____	From _____ To _____	_____	[ ] Yes [ ] No
_____	From _____ To _____	_____	[ ] Yes [ ] No
_____	From _____ To _____	_____	[ ] Yes [ ] No

**EXPERIENCE** Describe in detail your work experience, beginning with your current employer. Use a separate block to describe each position. Include military service and rank and job related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section **must** be completed.

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**LICENSURE/CERTIFICATION**

LICENSE - CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	LICENSING AGENCY

**KNOWLEDGE, SKILLS, AND ABILITIES (KSAs)** List the knowledge, skills, and abilities that you will bring to the job. To determine what specific KSAs are required for vacant position, see the applicable job description or contact the office or department advertising the vacancy.

**KNOWLEDGE:** Examples include: data collection, filing, computer programming, etc.

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**SKILLS:** Examples include, operation of heavy equipment, personal computers, job related tools and equipment, etc.

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**ABILITIES:** Examples include: Ability to write reports, deal effectively with people, solve problems, organize work and time, fluency in languages, etc.

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## BACKGROUND INFORMATION

Are you at least 18 years of age?

Yes  No

Have you ever been convicted of a felony?

Yes  No

If yes, what charge(s)? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been known by any other name?  Yes  No If yes, what name? \_\_\_\_\_

## CITIZENSHIP

Are you a U.S. citizen or are legally authorized to work in the U.S.?

Yes  No

NOTE: Proof of citizenship or authorization to work in the United States may be required.

## RELATIVES

Do you have any relatives currently working for the District?

Yes  No

## REFERENCES

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff and other authorized representatives of KKWWD for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

All non-officer employees are employees at will. It is understood that employment is "At Will". This means, that the parties are free to unilaterally terminate the relationship without cause or notice.

All regular full-time, part-time, seasonal, on-call and temporary Filtration Plant employees or those who are required to hold a Commercial Driver's License (CDL) (Class I and II) for their position are required to pass a drug and alcohol test as a prerequisite of employment. Any applicant who fails a drug test shall not be hired.

It is the policy of Kennebunk, Kennebunkport and Wells Water District to provide equal employment opportunity for all applicant and employees. The District does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, physical disability, mental disability, medical condition, family-care status, veteran status, marital status or sexual orientation.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_