



## Job Application Form

**Sign and date the form and return to: Tamara Whitmore, Executive Director, Friends of the Cobbossee Watershed, PO Box 206, East Winthrop, ME 04343. Or email to [tamara@watershedfriends.com](mailto:tamara@watershedfriends.com) If you have a resume, please submit it in place of page 2 of this application.**

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, sexual orientation, disability, veteran status, or any other characteristic protected under local, state, or federal law.

### **PERSONAL INFORMATION:**

Name (First Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will you be at least 16 years of age by the start of the season? Yes \_\_\_\_\_ No \_\_\_\_\_

If 15, do you have a completed work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

### **POSITION/AVAILABILITY:**

Position(s) Applied For (Please use titles on Job Descriptions):

\_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Known days/dates that you could **not** work this summer: \_\_\_\_\_

\_\_\_\_\_



**If no resume please fill out this page**

**EDUCATION:**

Name of School(s)                      Degree/Diploma                      Graduation Date/Expected Graduation

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Skills and Qualifications: Licenses, Skills, Training, Awards, related coursework (Ex: First Aid Training)

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**EMPLOYMENT HISTORY:**

**Current or Last Position**

Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Position Title: \_\_\_\_\_                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

**May We Contact Your Present Employer?**    Yes    \_\_\_\_\_    No    \_\_\_\_\_

**Previous Position**

Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_                      Email \_\_\_\_\_

Position Title: \_\_\_\_\_                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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



**References (3):**

Name: _____	Relationship: _____
Email address: _____	Phone: _____

Name: _____	Relationship: _____
Email address: _____	Phone: _____

Name: _____	Relationship: _____
Email address: _____	Phone: _____

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that Friends of the Cobbossee Watershed shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this company. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or me, unless I have a written contract stating otherwise.

Signature: \_\_\_\_\_

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