

Town of Hermon, Maine

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the Town of Hermon.

General Information and Instructions

- 1. All items on the application form must be filled out or marked "NA" meaning they do not apply to the applicant. Failure to fully complete this form may result in automatic disqualification. Assistance is available upon request to help complete the application.
- 2. The Town of Hermon is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment or advancement because race or color, sex, sexual orientation or gender identity, physical or mental disability, religion, age, ancestry, national origin or familial status orientation or any other basis protected by statute or federal law.
- 3. The Town of Hermon shall employ the best qualified persons who are available at the salary levels established for Town employment.
- 4. Upon appointment, all employees shall be subject to a period of six (6)-month probation unless otherwise specified by the Personnel Rules and Regulations or applicable union contract.
- 5. Applications will be kept active for a period of one (1) year, during which they may be reconsidered for existing vacancies, upon request of the applicant.
- 6. Please return the signed Application with any supplemental material in person, by mail or email to:

Town of Hermon 333 Billings Road Hermon, Maine 04401

sfields@hermonmaine.gov

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APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

It is the Town's policy to comply with all applicable federal and state laws prohibiting discrimination in employment based on race or color, sex, sexual orientation or gender identity, physical or mental disability, religion, age, ancestry, national origin or familial status orientation or any other basis protected by statute or federal law.

PERSONAL INFORMATION

Name:		Date:		
Street:	City:		State:	Zip:
Phone:	Alt. Phone:		I	
Email:			,	
Do you have any relat	tives currently working f	Yes 🗌 I	No 🗌	
Are you authorized to	work in the United Stat	sis? Yes 🗌 1	No 🗌	
Are you at least 18 ye	ears of age?	Yes 🗌 I	No 🗌	
Have you ever applied If yes to either, please	d for employment or wo e give details:	Yes□ N	lo 🗌	
Have you been told the listing the essential fu		the job or have you been	• • •	e job description lo
Can you perform thes	e essential functions wi	th or without reasonable	accommodations? Yes	s□ No□
Position Applied For:				
When Can You Start:				
		EDUCATION		
Institution	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other				
Training/Education:				

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In addition to your work history what other experiences, skills or qualifications would especially suit you for this position?

WORK HISTORY

(List your relevant employment history, including all jobs held for at least the past 10 years. Use separate sheets, if necessary)

Most Recent Employer:	Address:	Phone:
Starting Position:	Date Started:	
Position Upon Leaving:	Date Left:	
Reason for Leaving:		
Name of Last Supervisor:	Title of Last Supervisor:	Phone of Last Supervisor:
Description of Duties (# of people supervised,	if appropriate):	-
Previous Employer:	Address:	Phone:
Starting Position:	Date Started:	
Position Upon Leaving:	Date Left:	
Reason for Leaving:		
Name of Last Supervisor:	Title of Last Supervisor:	Phone of Last Supervisor:
Description of Duties (# of people supervised,	if appropriate):	
Previous Employer:	Address:	Phone:
Starting Position:	Date Started:	
Position Upon Leaving:	Date Left:	
Reason for Leaving:		
Name of Last Supervisor:	Title of Last Supervisor:	Phone of Last Supervisor:
Description of Duties (# of people supervised,	if appropriate):	
Previous Employer:	Address:	Phone:
Starting Position:	Date Started:	
Position Upon Leaving:	Date Left:	
Reason for Leaving:		
Name of Last Supervisor:	Title of Last Supervisor:	Phone of Last Supervisor:
Description of Duties (# of people supervised,	if appropriate):	1

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Describe your skills with pe you are familiar.	sonal computers, data	entry and information syste	ms. List programs with which
WECHANICAL/MACHINE OPER Vehicle/Equipment Licenses he 1.		Class	Endorsements
2			
List three (3) people not rel	= =	REFERENCES known you for at least two (2	
Name	Address	Phone	Relationship & Years Acquainted
1.			·
2.			
3.			
	ENTS VERY CAREFULLY B	AD BEFORE SIGNING EFORE SIGNING! (If necessary	
	Hermon. It does not cons		mat by which they may apply for contract, nor does its completion
information concerning your ch	aracter and general repu		consumer report, which provides essing of your application. Upon ed, will be provided.
		ntatives to make any legal inves to release information about m	
Town's expense, when the na	ure of the position requires of the position. If hired,	res one, and that the examinat , as a condition of continued er	pletion of a physical examination at the ion will focus on my present ability to inployment with the Town, I agree to
I hereby certify that all of the i	nformation provided on t	his application form is truthful	accurate and complete. I

Applicant Signature Date Printed Name

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