

206 Old Portland Road • North Waterboro ME 04061 (207) 247-5239 • Fax (207) 247-5604 lacinc@lacinc.org www.lacinc.org

PUBLIC WORKS - Application for Employment

APPLICAN	T INFORI	MATION									
Name:		Last		First			Middle		_		
Address:		Lasi		FIIS			Middle				
Address.		Street						City		State	Zip
Phone:					Cell:					Are you atleast 18	
Email:										years old?	Yes No
		n or permane yment, verify						k in the	U.S.?	Yes Yes	No No
Have you ev	ver worke	d for us in th	e past?		Yes	;□	No	If ye	es, when	ı:	
Do you hold	l a valid C	lass A Drive	r's Licen	se?	Yes	;□	No		If Yes,	State of Issue:	
	Lie	cense #:					E	xpiratio	n Date:		
									_		
EMPLOYM	ENT HIS	ΓORY									
Are you cur	rently em	ployed?	_ If ye	s, may w	e conta	ct your e	employe	er?	Supe	rvisor:	
Company										Phone: ()	
Address:										Supervisor:	
Position:							Ending Wage:				
Responsibil	ities:										
From:			To:				Reaso	on for L	eaving:		
May we con	tact your	previous sup	ervisor f	or a refe	rence?		If not,	why?			
Hours per w	veek:		Sched	lule:		-	-				
Company										Phone: ()	
Address:										Supervisor:	
Position:						Starting \	Wage:			Ending Wage:	
Responsibil	ities:						L		·	•	
From:			To:				Reaso	on for L	eaving:		
May we con	tact your	previous sup	ervisor f	or a refe	rence?		If not,	why?			
Hours per w	veek:		Sched	lule:		1			1		
Company										Phone: ()	
Address:										Supervisor:	
Position:						Starting \	Wage:			Ending Wage:	
Responsibil	ities:				<u>'</u>					•	
From:			To:				Reaso	on for L	eaving:		
May we con	tact your	previous sup	ervisor f	or a refe	rence?		If not,	why?			
Hours per w	veek:		Sched	lule:		•			•		
			_								

EDUCATIO	N AND TRAINING							-					
High School				Ye	ars Atte	ended		Subjects Stu	ıdied				
Vocational				Ye	Years Attended			Skills/Training					
College				Ye	ars Atte	ended		Subjects Stu	ıdied				
Military	ary			Ye	Years Attended			Skills/Trainin	ng				
Do you currently hold a Water Operator License:					If yes, class:								
Do you currently hold a Maine State Inspection License:			se:] _	If yes, e	expirat	ion date:						
Contruction/	Heavy Equipment	Training/Skills: (p	lease	e describ	e)								
REFERENC	ES												
Please list 3 pro	ofessional & personal ı			re excluded o inform ref					ear. Mag	y also attach le	etters of reco	mmendation.	
Full Name:								Phone:	()			
Address:								Email:					
Relationship	nip to applicant:								Years known:				
Full Name:								Phone:	()			
Address:								Email:					
Relationship to applicant:						Years known:							
Full Name:								Phone:	()			
Address:								Email:					
Relationship to applicant:									Years known:				
PHYSICAL REQUIRMENTS													
	Sitting Please review pr					or to ap Standi		<u>g</u>	1		Walking		
	Frequent			Frequent				Frequent					
	Driving Frequent			Slippery Conditions Frequent			ns		Temperatures Between -30 and 100 Degrees				
	Noise Exposure (>85 Decibels)			Personal Protective Equ			uipment)]		Language			
	Occasional			Frequent				<u> </u>		English			
	Wrist Deviation (Side to Side) Occasional			Hand/V	Hand/Wrist Repetition (Up & down Frequent			p & down)		Reaching Frequent			
	<i>Twisting</i> Frequent			Grasping Frequent (Simple <50 lbs)						Grasping Occasional (Firm >50 lbs)			
	Bending				Pulling					Pushing			
	Frequent				Occasional Up to 100 lbs					Occasional Up to 100 lbs			
	Lifts & Carries (Including Overhead) Frequent Up to 50 lbs								Dexterity/Strength moderate-heavy strength				
	Occasional 51-100+ lbs								oderate-heavy strength				
	Squatting/Kneeling/Climbing/Crawling			awling		Close			Visual Eye Work/Focus				
	Frequent					Color				Discrimination			
	Hearing/Speaking Within 100 Feet (Telephone, Radio, E			in Etc)					oth Perception stance Vision				
	vvitilii 100 Feet (Telephone, Radio, Etc)							טוט	nance '	v 13IUI I		l 	

PHYSICAL REQUIRMENTS (Cont.) Do you have any physical limitations that may prevent you from performing all of the requirements of this position?							
If yes, please explain:							
Position Requirments/Information A pre-employment physical will be performed by a provider of the Organization prior to hiring Drug and Alcohol testing will be conducted prior to hiring Random Drug and Alcohol testing will be conducted for all employees Driver's License review will be conducted prior to hiring and annually							
Position Desired: Hourly Wage Requested: \$							
Hours Per Week: Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday							
Public Works postions require availability for days, evenings, nights, and weekends. On-Call rotation is also required.							
Job Tasks: Plowing, sanding, road grading, water main replacement and repair, vehicle maintenance & repair, building maintenance & repair, and many other tasks as assigned.							
DISCLOSURE and AUTHORIZATION							
I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize Lake Arrowhead Community and agencies with whom my name is certified/referred to make all necessary investigations concerning me, my work habits, previous employment or experience, and other situations as are applicable to the position I am applying for. I authorize Lake Arrowhead Community to check my driving record. I authorize Lake Arrowhead Community, Inc. to contact former employer(s), persons given as reference, and other organizations including law enforcement to provide all information that may be sought in connection with my application. With this permission I release the organization from any liability as a result of such contact. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of my employment.							
In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its president and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.							
I have read and understand the nature of the position I am applying for and the duties associated with it and if hired, I attest that I can perform the required functions and duties of my job to the best of my abilities with or without reasonable accomodation.							
Signature:Date:							
Please submit your completed application with appropriate copies of verification materials as applicable with your cover letter and resume							
Office Use Only							
Manager: Postion: Public Works Crew Member Hired Yes No Start Date: Notes:							