



# CITY OF PORTLAND

Human Resources  
389 Congress St. Room 115  
Portland, Maine 04101

(207) 874-8624 (FAX) 874-8937 (TTY) 874-8936  
(WEB PAGE) www.portlandmaine.gov/jobs

**Application for Employment**  
AN EQUAL OPPORTUNITY EMPLOYER

POSITION(s) APPLYING FOR:

Instructions to Applicants: (1) Print clearly in ink. (2) Answer each question clearly and completely. (3) All statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
LAST (PLEASE PRINT) FIRST MIDDLE INITIAL MO. DAY YEAR

ADDRESS: \_\_\_\_\_  
No. Street Apt.# City State Zip

TELEPHONE NO. HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

How did you hear about this opening?  Advertisement  Friend/Relative  Walk-In  Employment Agency  Other

Have you ever been employed by the City of Portland?  Yes  No  
If yes, give the Department and dates: Dept. \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Mo Yr Mo Yr

Do you have any relatives that are former or current employees of the City of Portland? Yes \_\_\_ No \_\_\_  
If Yes, give Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Please read attached sheet for further information requested by the City of Portland.

### EDUCATION AND TRAINING

(CIRCLE HIGHEST GRADE COMPLETED)	NAME OF SCHOOL	LOCATION (City, State)	HS Diploma or GED
1 2 3 4 5 6 7 8 9 10 11 12			YES NO
COLLEGES OR UNIVERSITIES ATTENDED	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
BUSINESS, TRADE OR CORRESPONDENCE SCHOOLS			

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position.

Drivers License #: \_\_\_\_\_ License Class:  A(CDL)  
State of Issue: \_\_\_\_\_  B(CDL)  
 C(Standard)

**COMPLETE AND SIGN OTHER SIDE**

## EMPLOYMENT HISTORY

List your past employers. Include any periods served in the Military. Show your current or most recent job first. Under "Description of Duties" list kind of work or responsibilities. Use Additional sheets if needed.

From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		
Hours per Week		Reason for Leaving

Applicant's Certification and Agreement - PLEASE READ CAREFULLY.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment that may be necessary in making an employment decision.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Gender and Race/Ethnicity

The City of Portland is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Portland invites applicants to voluntarily self-identify their race/ethnicity and gender.

**Submission of this information is voluntary**, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address and Apartment Number, if applicable

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

### INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender?

- Male  
 Female

Which race/ethnicity do you identify with? You may mark **only one** box:

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** a person who primarily identifies with two or more of the above races.

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

## Voluntary Self-Identification of Veteran Status

The City of Portland requests applicants to self-identify as veterans or disabled veterans for affirmative action purposes. This information is requested solely for use in connection with its affirmative action obligations and/or its affirmative action efforts. This information is being requested on a voluntary basis, will be kept confidential in accordance with the Americans With Disabilities Act (ADA), and will be used solely in accordance with the ADA. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment.**

The City of Portland is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires the City to take affirmative action to employ and advance in employment **protected veterans**. This includes (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans (defined below). As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

**Veteran Status: please check one of the boxes below:**

- I identify as one or more of the classifications of protected veteran defined below (disabled veteran; recently separated veteran; active duty wartime or campaign badge veteran; *or* armed forces service medal veteran).
- I am NOT a protected veteran/do not identify with any of the protected veteran classifications listed below.
- I do not wish to self-identify.

**Definitions:**

- A “**disabled veteran**” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

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

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

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

**Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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**Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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