

TOWN OF ELIOT, MAINE

ATTENTION (DEPARTMENT): _____

1333 STATE ROAD
ELIOT, MAINE 03903
PHONE: (207) 439-1813

WWW.ELIOTMAINE.ORG



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE):		PHONE: ()	DATE:
SOCIAL SECURITY NUMBER:	ARE YOU 18 YEARS OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS:	CITY:	STATE:	ZIP:

DESIRED EMPLOYMENT

POSITION DESIRED:		DATE YOU CAN START:	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS TOWN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
EVER WORKED FOR THIS TOWN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASON FOR LEAVING (IF APPLICABLE):			
NAME OF LAST SUPERVISOR AT THIS TOWN (IF APPLICABLE):			
WHO REFERRED YOU TO THIS TOWN: <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> OTHER _____			

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	AREAS OF STUDY
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

REVISED: 1/19/2006

EMPLOYMENT HISTORY

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF EMPLOYER:		START DATE:	END DATE:
ADDRESS:		CITY:	STATE: ZIP:
PHONE: ()	JOB TITLE:	STARTING SALARY:	ENDING SALARY:
NAME OF SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES:			
REASON(S) FOR LEAVING:			

NAME OF EMPLOYER:		START DATE:	END DATE:
ADDRESS:		CITY:	STATE: ZIP:
PHONE: ()	JOB TITLE:	STARTING SALARY:	ENDING SALARY:
NAME OF SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES:			
REASON(S) FOR LEAVING:			

NAME OF EMPLOYER:		START DATE:	END DATE:
ADDRESS:		CITY:	STATE: ZIP:
PHONE: ()	JOB TITLE:	STARTING SALARY:	ENDING SALARY:
NAME OF SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES:			
REASON(S) FOR LEAVING:			

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY:

ADDITIONAL INFORMATION

PLEASE LIST ANY SPECIAL TRAINING, CERTIFICATIONS, JOB RELATED SKILLS, OR OTHER EXPERIENCE.

REFERENCES

	NAME	ADDRESS	PHONE	NO. OF YEARS ACQUAINTED	RELATIONSHIP
1					
2					
3					

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

ARE YOU WILLING AND AVAILABLE TO WORK (CHECK ALL THAT APPLY):

FULL-TIME PART-TIME TEMPORARY/SEASONAL
 DAY SHIFT NIGHT SHIFT WEEKENDS WEEKDAYS

PLEASE LIST ANY SCHEDULE PREFERENCES YOU HAVE: _____

APPLICANT'S STATEMENT

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE TOWN OF ELIOT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED MUNICIPAL REPRESENTATIVE.

SIGNATURE _____ DATE _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY:	DATE:
COMMENTS:	

INTERVIEWED BY:	DATE:
COMMENTS:	

INTERVIEWED BY:	DATE:
COMMENTS:	

HIRED (DATE) FOR DEPT:	FOR POSITION:
SALARY/WAGES:	WILL REPORT:
APPROVED BY DEPARTMENT SUPERVISOR	DATE:
APPROVED BY BOARD OF SELECTMEN	DATE: