

TOWN OF OGUNQUIT
P0 BOX 875 OGUNQUIT, ME 03907
(207) 646-5139 * FAX (207) 646-5920

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

Instructions to Applicants: (1) Use typewriter or **print** 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. (5) This application will be kept in active files for 3 months.

NAME: _____ DATE: _____
(Please print)

ADDRESS: _____

MAILING ADDRESS *(If different):* _____

TELEPHONE #: (home) (_____) (work): (_____)

How did you hear about this opening?

Advertisement Friend/Relative Walk-in Other

Have you ever been employed by the Town of Ogunquit? Yes No

If yes, give the Department and dates: _____ From _____ To _____

Give the name and relationship of any present Town Employee related to you: _____

On what date would you be available to work? _____

Do you smoke? Yes No If yes, please explain: _____

Are you employed now? Yes No May we contact your present employer? Yes No

EDUCATION AND TRAINING

Highest grade completed: _____ Name of School: _____ Location: _____

Graduation year: _____ School Address: _____ Phone #: _____

Colleges or Universities attended	No. years attended	Major Subjects	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business, Trade or Correspondence Schools

Skills possessed: (i.e., typing, radio operation, reception)

Special Licenses: *(Check appropriate categories :)*
ME Class #1 Driver's License #: _____ Class ___ License#: _____ Other: _____

COMPLETE AND SIGN OTHER SIDE

List below, in order, the positions which you have held. Include any periods served in the Military. Show your present or most recent job first. Under "Description of Duties", list kind of work responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed:

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Starting Salary: _____ Final Salary: _____ Reason for leaving: _____

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Starting Salary: _____ Final Salary: _____ Reason for leaving: _____

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Starting Salary: _____ Final Salary: _____ Reason for leaving: _____

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Starting Salary: _____ Final Salary: _____ 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 as may be necessary in arriving at an employment decision.

Signature of Applicant