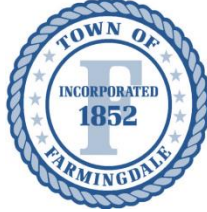


Telephone 207-582-2225
Fax: 207-582-8279



FARMINGDALE TOWN OFFICE
289 Maine Ave.
Farmingdale Maine 04344

Town of Farmingdale
Application for Employment

The Town of Farmingdale is an equal opportunity employer and do not discriminate in our employment practices. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment. Equal access to employment, services, and programs is available to all persons.

Applicant name: _____ Date: _____

Position(s) applied for or type work desired: _____

Address: _____

Telephone #: _____ Email Address: _____

Date you would be available to start work: _____

Have you been convicted of a crime in the last seven (7) years? Yes _____ No _____

If yes, please explain: _____

Driver's license number (if driving is an essential job requirement): _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Job Title: _____

Address: _____

Phone #: _____ Dates employed: from To: _____

Annual Salary/Hourly Wage: _____ Describe nature of work: _____

Immediate Supervisor and Title: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

Address: _____

Phone #: _____ Dates employed: from To: _____

Annual Salary/Hourly Wage: _____ Describe nature of work: _____

Immediate Supervisor and Title: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

Address: _____

Phone #: _____ Dates employed: from To: _____

Annual Salary/Hourly Wage: _____ Describe nature of work: _____

Immediate Supervisor and Title: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications

that may of interest in our evaluation of your application:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High School: _____

College/University Degrees: _____

Technical Training: _____

Other: _____

References

List three (3) references names, telephone numbers, and years known (please do not include relatives): _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____