



Town of Falmouth

271 Falmouth Road
 Falmouth, ME 04105
 Ph: (207) 781-5253 Fax: (207) 781-3640
 www.town.falmouth.me.us

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|---|
| <u>POSITION APPLYING FOR:</u> |
|---|

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please use typewriter or print clearly in ink.

NAME: _____ DATE: ____ / ____ / ____

LAST
FIRST
MIDDLE INITIAL

ADDRESS: _____

NO.
STREET
CITY
STATE
ZIP

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 Town of Falmouth? Yes No

If yes, give the department and dates: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

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

Are you available to work: Part-time Shift Work Temp On-Call

On what date would you be available to work? ____ / ____ / ____

Are you employed now? Yes No

May we contact your present employer? Yes No

EDUCATION AND TRAINING

| (CIRCLE HIGHEST GRADE COMPLETED) | NAME OF SCHOOL | LOCATION | GRADUATE |
|---|--------------------|--|-----------------------|
| 1 2 3 4 5 6 7 8 9 10 11 12 | | | |
| 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 (ie, CPR, First Aid, E.M.T., etc.)

Do you have a valid driver's license? Yes No State? _____ Endorsement: _____

EXPERIENCE

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.

If you possess a resume print "**SEE RESUME**" in this section and attach to application.

| | |
|--|------------------------|
| From: _____ To: _____ | Title of Position: |
| Name, Address and Phone # of Employer: | Description of Duties: |
| | |
| | |
| | |
| Name of Your Supervisor: | |
| Number of Hours per Week: | Reason for Leaving: |
| From: _____ To: _____ | Title of Position: |
| Name, Address and Phone # of Employer: | Description of Duties: |
| | |
| | |
| | |
| Name of Your Supervisor: | |
| Number of Hours per Week: | Reason for Leaving: |
| From: _____ To: _____ | Title of Position: |
| Name, Address and Phone # of Employer: | Description of Duties: |
| | |
| | |
| | |
| Name of Your Supervisor: | |
| Number of Hours per Week: | Reason for Leaving: |
| From: _____ To: _____ | Title of Position: |
| Name, Address and Phone # of Employer: | Description of Duties: |
| | |
| | |
| | |
| Name of Your Supervisor: | |
| Number of 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 the application shall be 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. I also certify that I have received and reviewed the job description for the position being applied for and am capable of performing the specific functions of the job as set forth in said job description.

Signature of Applicant