



TOWN OF CAPE ELIZABETH

APPLICATION FOR EMPLOYMENT

Please print and complete form in detail. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

Position Applying For _____ **Date:** _____

Name:
(Last, First, Middle) _____

Address:

Mailing Address (if different):

How many years at present address? _____

Telephone: Day _____ Evening _____

Have you been employed previously by the Town? _____

Do you have relatives or acquaintances employed by the Town? _____

Do you have the legal right to work permanently in the U.S.? _____

If no, explain _____

Have you ever been convicted of a crime? _____
If yes, explain _____

If your application is considered favorably, when could you start?

Education

Name of High School _____

Did you graduate? Yes No

Name of College or University _____

Did you graduate? Yes No

If yes, what degrees did you earn?

Prior Work History

Please list three most recent work experiences, beginning with your most recent:

EMPLOYER _____ **DATES EMPLOYED** _____

ADDRESS _____

POSITION _____ DUTIES _____

NAME OF SUPERVISOR _____

TELEPHONE: (_____) _____

Reason for
Departure: _____

EMPLOYER _____ **DATES EMPLOYED** _____

ADDRESS _____

POSITION _____ DUTIES _____

NAME OF SUPERVISOR _____

TELEPHONE: (_____) _____

Reason for
Departure: _____

EMPLOYER _____ **DATES EMPLOYED** _____

ADDRESS _____

POSITION _____ DUTIES _____

NAME OF SUPERVISOR _____

TELEPHONE: (_____) _____

Reason for Departure:

References Business/Personal

NAME	ADDRESS	TELEPHONE
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References will be contacted. If your reference cannot be reached by telephone during working hours, please provide an evening number. Please list three references.

Experience

Please list any other experiences, skills or qualifications (e.g. computer experience, customer service training), which you would bring to this position if hired.

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further the Town of Cape Elizabeth or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a town designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that the Town of Cape Elizabeth is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National Origin, Disability or Veteran Status. I realize that if I am hired, the Town of Cape Elizabeth has the right to terminate my employment whenever the need arises.

Date of Application _____ Signature _____

Please attach your resume.

