



**Education**

High School Diploma or GED? YES NO  
If yes, year diploma received \_\_\_\_\_

College, Business, or Trade School Education YES NO  
If yes, please include names, dates and the degree(s) you earned.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Licenses or Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

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

<b>EMPLOYER</b> _____	<b>DATES EMPLOYED</b> _____
ADDRESS _____	
POSITION _____	DUTIES _____
NAME OF SUPERVISOR _____	
TELEPHONE: (____) _____	
Reason for Departure: _____	

<b>EMPLOYER</b> _____	<b>DATES EMPLOYED</b> _____
ADDRESS _____	
POSITION _____	DUTIES _____
NAME OF SUPERVISOR _____	
TELEPHONE: (____) _____	
Reason for Departure: _____	

<b>EMPLOYER</b> _____	<b>DATES EMPLOYED</b> _____
ADDRESS _____	
POSITION _____	DUTIES _____
NAME OF SUPERVISOR _____	
TELEPHONE: (____) _____	
Reason for Departure: _____	

**References Business/Personal**

Please list three references.

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

References will be contacted. If your reference cannot be reached by telephone during working hours, please indicate so, and provide an evening number.

**Experience**

If you would like provide any other experiences, skills or qualifications, which you would bring to this position not listed in your letter of interest or resume, please list.

_____
_____
_____
_____
_____

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. In addition, 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 letter of interest and resume.*