

# TOWN OF FORT FAIRFIELD

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regards to race, color, religion, creed, gender, National origin, age, disability, marital or veteran status, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For:		Date of Application:	
How did you learn About Us:			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Friend		<input type="checkbox"/> Other	
Last Name:		First Name	Middle Name
Address		City	State
			Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is? \_\_\_\_\_:\_\_\_\_\_ am/pm

If you are under 18 years of age, can you provide required proof of you eligibility to work?  Yes  No

Have you ever filed an application with the Town of Fort Fairfield before?  Yes  No  
If Yes, give date: \_\_\_\_\_

Have you ever worked for the Town of Fort Fairfield before?  Yes  No  
If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives work for the Town of Fort Fairfield?  Yes  No  
If Yes, state name(s), relationship and department: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*(Proof of citizenship or immigration status will be required upon employment.)*

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Are you currently on "Lay -Off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Education

School	Name and Address of School	Course of Study	Years	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
	From:	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From:	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Specialized Training: \_\_\_\_\_

\_\_\_\_\_

Job Related Training \_\_\_\_\_

\_\_\_\_\_

List Professional – Trade – Business – Civic Organization \_\_\_\_\_

\_\_\_\_\_

Additional Information : \_\_\_\_\_

\_\_\_\_\_

Personal Professional References (Do not include family members or past supervisors)

Name	Phone Number	Occupation
1.		
2		
3		
4		

**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed ninety days (90). Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I also understand, that I am required to abide by all rules and regulations of the Town of Fort Fairfield.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date