



# TOWN OF FORT FAIRFIELD

18 Community Center Drive  
Fort Fairfield, ME 04742  
(207) 472-3800 Fax (207) 472-3810

## APPLICATION FOR EMPLOYMENT

The Town of Fort Fairfield is an equal opportunity employer and does not discriminate based on race, color, sex, national origin, religion, age, equal pay, disability, or genetic information.

(PLEASE PRINT)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How Did you Learn About Us?

Advertisement  Friend  Employment Agency  Relative  Other

Last Name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Telephone Number(s): \_\_\_\_\_

Best time to reach you is:

AM  PM

If you are under 18 years of age, can you provide required proof of your 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/position held: \_\_\_\_\_

Do any of your friends or relatives currently 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? (*Proof of citizenship or immigration status will be required upon employment*)

Yes  No

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

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

Do you currently possess a valid Maine Driver's License?  Yes  No

**EDUCATION**

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

Describe any job-related training received (to include military training).

**WORK EXPERIENCE**

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

1.

Employer		Dates Employed	From	To
Address		Job Title		
		Worked Performed		
Telephone Number(s)		Supervisor		
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.

Employer		Dates Employed	From	To
Address		Job Title		
		Worked Performed		
Telephone Number(s)		Supervisor		
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.

Employer		Dates Employed	From	To
Address		Job Title		
		Worked Performed		
Telephone Number(s)		Supervisor		
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you need additional space, please continue on a separate sheet of paper.**

**ADDITIONAL INFORMATION**

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

**PERSONAL/PROFESSIONAL REFERENCES (do not include family members or past supervisors)**

	<u>Name</u>	<u>Phone Number</u>	<u>Occupation</u>
1.			
2.			
3.			

**Applicants Statement**

I certify that answers give 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 (90) days. 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

THE TOWN OF FORT FAIRFIELD IS AN EQUAL OPPORTUNITY EMPLOYER