

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

Town of Sabattus
190 Middle Road
Sabattus, ME 04280
Phone: (207) 375-4331
Fax: (207) 375-4014

Resumes may be attached, but will not be accepted in lieu of a completed application.

| Job Data | | | |
|---|----------|--|--------------|
| Job Title: | | Date you will be available for employment: | |
| Job Posting No: | | | |
| Personal Data | | | |
| Name: Last: | | First: | Middle: |
| Address: | | | |
| City: | | State: | Zip: |
| Phone# | Days: | Evenings: | Alternate: |
| All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No | | | |
| Date of birth (if less than 18): | | | |
| Have you ever worked or volunteered for the Municipality? Yes No | | | |
| If yes, please give dates: | | | |
| Do you have any relatives employed with the Municipality? Yes No | | | |
| If yes, please list: | | | |
| Name | Division | Relationship | |
| Name | Division | Relationship | |
| Name | Division | Relationship | |
| Driver's License No. & State: | | Class: | Expiration: |
| Have you had any traffic convictions or accidents in the last three years? Yes No | | | |
| If yes, please list: | | | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Commercial Driver's License No. & State: | | Class: | Endorsements |
| | | | Expires: |
| Please list other names you have used: | | | |
| Have you been convicted of any crime? Yes No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying. | | | |

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Education *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

| | | | | | |
|--|-------|--------------|---------|-------------------|--|
| Did you graduate from High School or do you have a G.E.D.? | | Yes | No | High School Name: | |
| | | | | Location: | |
| Name of School, College(s) or University | Major | Credit Hours | Degree* | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Proof of degrees from College/University obtained will be required upon hire.

| | | | |
|--|-----------------|---------|--|
| Name of Trade/Technical/Business or Other School(s) Attended | Course of Study | Diploma | |
| | | | |
| | | | |

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Approximate Typing Speed in words per minute:

List computer software with which you are familiar:

| | | | | |
|--|--------------|--------|-------|--------|
| Fluent in a language other than English: | Language(s): | Speak: | Read: | Write: |
| | Yes No | | | |

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Tools and machines you can use and operate:

Light or heavy motor vehicle equipment you can operate:

Summarize Volunteer Services work including dates:

Summarize Leadership Roles:

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| | | | |
|--|-----------------|-----------------|--------|
| Employment History <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application</i> | | | |
| Current or most recent employer: | | | Phone: |
| Address: | | | |
| Your Title: | | | |
| Employment Dates | From: | To: | |
| Supervisor's name/title: | | | |
| Starting Salary: | Present/Ending: | Hours per week: | |
| Work Performed: | | | |
| Reason for leaving: | | | |
| May we contact this employer if you are considered for the position? Yes No | | | |
| Employer: | | | Phone: |
| Address: | | | |
| Your Title: | | | |
| Employment Dates | From: | To: | |
| Supervisor's name/title: | | | |
| Starting Salary: | Ending: | Hours per week: | |
| Work Performed: | | | |
| Reason for leaving: | | | |
| May we contact this employer if you are considered for the position? Yes No | | | |
| Employer: | | | Phone: |
| Address: | | | |
| Your Title: | | | |
| Employment Dates | From: | To: | |
| Supervisor's name/title: | | | |
| Starting Salary: | Ending: | Hours per week: | |
| Work Performed: | | | |
| Reason for leaving: | | | |
| May we contact this employer if you are considered for the position? Yes No | | | |

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Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

Employer: _____ Phone: _____

Address: _____

Your Title: _____

Employment Dates From: _____ To: _____

Supervisor's name/title: _____

Starting Salary: _____ Ending: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Employer: _____ Phone: _____

Address: _____

Your Title: _____

Employment Dates From: _____ To: _____

Supervisor's name/title: _____

Starting Salary: _____ Ending: _____ Hours per week: _____

Work Performed: _____

Reason for leaving: _____

May we contact this employer if you are considered for the position? Yes No

Military Service

Have you ever served on active duty in the U.S. armed forces? Yes No

Dates: From: _____ To: _____

Branch: _____

Primary Duties: _____

