



# 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?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> 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 relative 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?       Yes       No  
*(Proof of citizenship or immigration status will be required upon employment)*

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

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

**3.**

Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Start	Final
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**

<b><u>Other Qualifications</u></b>
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>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

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 (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**