

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Town of Rangeley
15 School Street
Rangeley, ME 04970
207-864-3326
207-864-3578 (FAX)

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Have you ever worked or volunteered for the Municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: From: _____ To: _____
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	
Do you have relatives employed with the Municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list: Name _____ Name _____ Name _____	Division _____ Division _____ Division _____	Relationship _____ Relationship _____ Relationship _____
Driver's License No. & State of Issuance:	Class:	Expiration:
Please list other names you have used:	Endorsements:	
Have you had any traffic convictions or accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list: Conviction or Accident _____ Date _____ Conviction or Accident _____ Date _____ Conviction or Accident _____ Date _____		
Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
College, Business School, Trade School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SKILLS OVERVIEW (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
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Employer	Telephone Number () -	From (Month/Year)
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name	Occupation	Address	Home Phone: Work Phone:
Name	Occupation	Address	Home Phone: Work Phone:
Name	Occupation	Address	Home Phone: Work Phone:

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:

Office of:
Selectmen
Town Manager
Code Enforcement Officer
Parks & Recreation

Telephone 207-864-3326
Fax: 207-864-3578

Office of:
Tax Collector
Town Treasurer
Town Clerk
Assessor

TOWN OFFICE
15 School Street
Rangeley, Maine 04970

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize representatives of the Town of Rangeley a review of and full disclosure of all records, or any part thereof, concerning myself, whether said records are public, private or confidential in nature.

The intent of this authorization is to give my full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, wherever filed, records of arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records of complaints or civil nature made by or against me, wherever located.

It is the intent of this authorization to provide full and free access to the background and history of my work and personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Town of Rangeley, to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that the Town of Rangeley will consider any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon release authorization in determining my suitability for employment. I have had this explained to me and fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

Signature: _____ Date: ___/___/___

Address: _____

DOB: ___/___/___ Social Security #: _____-_____-_____

State of _____
County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20___, at _____, _____ by _____ to be his/her free act and deed.

Signature
Notary Public, State of _____
Printed Name:
My Commission Expires _____