TOWN OF WASHINGTON



APPLICATION FOR EMPLOYMENT

An equal opportunity employer.

Reasonable accommodation will be provided as required by law.

Last name:	F	irst name:	Middle initial
Social Security N	umber:	Phone number:	
Address:			
If hired, can you	provide evidence of lega	l eligibility to work on the U.S.?	☐ Yes ☐ No
	loyment is conditioned u lentity and work authoriz	oon completing Form I-9 and pro ation.	oviding the appropriate
Position desired	·	Wage desi	red
☐ Full-time ☐] Part-time	Are you 18 years old or olde	r? □ Yes □ No
If under 18 years required by state		red to submit a birth certificate	or work certificate as
Date you can be	gin work:	Driver's license number and	state:
Have you ever w	orked or volunteered for	the town? If yes, explain:	
EDUCATION			
Name & location	of high school:		
☐ Graduated ☐] GED		
Name & location	of college:		
☐ Graduated, D	egree & Major:		
☐ Still oprolled	evnected graduation dat	٥٠	

AVAILABILITY
☐ Mondayto ☐ Tuesdayto ☐ Wednesdayto
☐ Thursdaytototo
Available weekends? ☐ Yes ☐ No
Are you physically or otherwise unable to perform the duties of the job for which you are applying? \Box Yes \Box No
CONVICTIONS
Have you been convicted of any crime? 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.
\square Yes. Details, dates and disposition:
\square No.
Have you had any traffic convictions or accidents in the last three years?
☐ Yes. Explain:
\square No.
REFERENCES
Provide three references who are not related to you, or former employers, who we may contact.
Name & occupation:
How do you know them, and for how long?
Contact information:
Name & occupation:
How do you know them, and for how long?
Contact information:
Name & occupation:
How do you know them, and for how long?
Contact information:

EMPLOYMENT HISTORY

May we contact your current employ	yer before you are offered a position? \square Yes $\ \square$ No
Name of employer:	Contact person:
Employer address:	
Employer contact information:	
Your job title:	Duties:
☐ Hourly? Starting and ending rate:	·
\square Salary? Starting and ending pay: _	
Reason for leaving employer:	
Name of employer:	Contact person:
Employer address:	
Employer contact information:	
Your job title:	Duties:
\square Hourly? Starting and ending rate:	
\square Salary? Starting and ending pay: _	
Reason for leaving employer:	
Name of employer:	Contact person:
Employer address:	
Employer contact information:	
Your job title:	Duties:
\square Hourly? Starting and ending rate:	
\square Salary? Starting and ending pay: _	
Reason for leaving employer:	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING.

I have read, understand and agree to the above statements.

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, driver's license check, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

*** Please submit a cover letter and resume with this application. Resumes will not be accepted without this application. ***

SUBMIT VIA EMAIL

If you do not wish to email your employment application, cover letter and resume, please mail it to Town of Washington, PO Box 408, Washington, ME 04574; or drop it off in person during regular hours at Washington Town Office, 40 Old Union Road, Washington, ME 04574. Call the town office with questions at 845-2897.