

Town of Falmouth

271 Falmouth Road Falmouth, ME 04105

Ph: (207) 781-5253 Fax: (207) 781-3640

www.town.falmouth.me.us

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please use typewriter or print clearly in ink.			
NAME:		DATE:	/ /
LAST FIRST	MIDDLE INI	·	,
ADDRESS:			
NO. STREET	CITY	STATE	ZIP
HOME:(WORK: () - CELL:		
EMAIL ADDRESS:			
How did you hear about this opening? Advertiseme	nt 🔲 Friend/Relative 🔲	Walk-in Employment A	agency Other
Have you ever been employed by the Town of Falmouth	h? Yes No		
If yes, give the department and dates:	Fron	n: <u>/</u> To:	/ /
Give the name and relationship of any present Town En	nployee related to you:		
Are you available to work: Part-time Shif	t Work 🔲 Temp 🔲 O	n-Call	
On what date would you be available to work?/	/		
Are you employed now? Yes No			
May we contact your present employer?	No		
EDUCA	ATION AND TRAIN	ING	
(CIRCLE HIGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12	NAME OF SCHOOL	LOCATION	GRADUATE
COLLEGES OR UNIVERSITIES ATTENDED	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
BUSINESS, TRADE or CORRESPONDENCE SCHOOLS			
List any additional skills, certifications, or licenses you	possess that you believe ar	e relevant to this position (ie,	CPR, First Aid, E.M.T., etc.
Do you have a valid driver's license? 🔲 Yes 🔲 N	o State?	Endorsement:	

EXPERIENCE

List below in order the positions which you have held. Include any periods served in the military. Show your present or most recent job first. Under "Description of Duties" list kind of work, responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed.

If you possess a resume print "SEE RESUME" in this section and attach to application.

From: To:	Title of Position:	
Name, Address and Phone # of Employer:	Description of Duties:	
Name of Your Supervisor:		
Number of Hours per Week:	Reason for Leaving:	
From: To:	Title of Position:	
Name, Address and Phone # of Employer:	Description of Duties:	
, , , , , , , , , , , , , , , , , , ,		
Name of Your Supervisor:		
Number of Hours per Week:	Reason for Leaving:	
From: To:	Title of Position:	
Name, Address and Phone # of Employer:	Description of Duties:	
1 7		
Name of Your Supervisor:		
Number of Hours per Week:	Reason for Leaving:	
From: To:	Title of Position:	
Name, Address and Phone # of Employer:	Description of Duties:	
1 7		
Name of Your Supervisor:		
Number of Hours per Week:	Reason for Leaving:	
1		

Applicant's Certification and Agreement * PLEASE READ CAREFULLY*

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on the application shall be sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also certify that I have received and reviewed the job description for the position being applied for and am capable of performing the specific functions of the job as set forth in said job description.

Signature of Applicant