



Town of Limestone
 93 Main St.
 Limestone, Me
 04750

EMPLOYMENT APPLICATION

An equal opportunity employer.

Date of application _____

JOB INTERESTS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Can you travel if your job requires it? Yes No Date of birth _____

Are you a citizen of the United States? Yes No

Are you a veteran of the U.S. military service? Yes No Discharge type _____

If yes, what was your Branch of the U.S. military service? _____ Provide copy of DD 214

Does any of your relatives work here or have worked here? Yes No

If yes, please explain below:

Does any of your friends work here or have worked here? Yes No

If yes, please explain below:

Have you ever been convicted of a criminal or traffic offense? If yes, please explain below: Yes No

If yes, please explain below:

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

State any additional information you feel may be helpful to us in considering your application

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____ (business phone) _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

1. Name of Employer _____ (business phone) _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

2. Name of Employer _____ (business phone) _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

3. Name of Employer _____ (business phone) _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

4. Name of Employer _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

PLEASE SUBMIT RESUME WITH APPLICATION

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____

AUTHORIZATION TO CONDUCT A PRE-EMPLOYMENT BACKGROUND INVESTIGATION

AUTHORIZATION / ADVISEMENT

INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA

CANDIDATE NAME:

I understand that I am authorizing a background investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations that have information relating to my fitness to serve in the position I have applied for. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form; I understand its meaning and purpose.

This release is valid for 120 days from the date of signature.

Dated this _____ day of _____, 20____

In the County of _____ within the State of Maine.

▶ _____
Candidate Signature

▶ _____
Parent or Guardian (if candidate is under 18)

▶ _____
Department Head Signature

▶ _____
Chief of Police