APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Town of Jay
340 Main Street,
Jay, ME 04239
207-897-6785
207-897-9420 (FAX)

GENERAL INFORMATION

Name (Last)	(First)		(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? □Yes □No			

POSITION

Position Or Type Of Employment Desired	Will Accept: □Part-Time □Full-Time □Temporary	Have you ever worked or volunteered for the Municipality? □ Yes □ 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? □Yes □No		
How did you hear of this position?	Date Available	
Do you have relatives employed with the Municipality? □ Yes □ No		

If yes, please list:		
Name_____	Division_____	Relationship_____
Name_____	Division_____	Relationship_____
Name_____	Division_____	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? □ Yes □ No	

If yes, please list:

Conviction or Accident_____ Date_____
Conviction or Accident_____ Date_____
Conviction or Accident_____ Date_____

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? □Yes □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: Quarterly or Semester Hours	Credits Earned: Other (Specify)	Graduate	Degree & Year	Major or Subject
	From To			□Yes □No		
	From To			□Yes □No		
	From To From To			□Yes □No □Yes □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

SKILLS OVERVIEW (List all pertinent skills and equipment that you can operate)

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)
		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ 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:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize representatives of the Town of Jay 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 Jay, 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 Jay 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 _____