TOWN OF PARSONSFIELD
634 North Rd
Parsonsfield, ME 04047

APPLICATION FOR EMPLOYMENT

Personal Information Date of Application_____Date of Birth _____

Name:_____
Last First Middle

Mailing Address:_____

Legal Residence: _____

Contact Information: _____
Home phone Cell phone

Contact Person In Case of Emergency: _____
Name Relationship

_____
Phone #

Driver's License #_____ What Class is your Driver's license?_____

Can the Town check your Driving Record?____ Can the Town do a back ground check on you?____

I understand that the Town has the right to do random drug testing._____

Position Sought _____ Available Start Date:_____

Are you currently employed? _____ If so, where? _____

Have you ever worked for the Town before in any position? _____When?_____
_____

Previous Experience

Please list beginning from most recent:

_____
1.Dates Employed Name of Company Location Job

Reason for leaving _____

___
2. Dates Employed Name of Company Location Job

Reason for leaving_____
_____

_____
3. Dates Employed Name of Company Location Job

Reason for leaving _____

List of three (3) references with contact info: _____
_____
_____

I understand I cannot start work until all paper work is completed and turned in to the Treasurer.

Signature_____ Employers Signature _____
Date:_____ Date: _____