TOWN OF PARSONSFIELD

634 North Rd Parsonsfield, ME 04047

APPLICATION FOR EMPLOYMENT

Personal Information	Date of Applicatio	n	_	
Name:				
Last	First		Middle	
Mailing Address:				
Legal Residence:				
	Home phone			
Contact Person In Cas	se of Emergency: Name		Relationship	
Driver's License #	Phone # What Cla	ss is your Driver's licer	nse?	
Can the Town check y	our Driving Record? Ca	an the Town do a back	ground check on you?	
I understand that the	Town has the right to do r	random drug testing.		
Position Sought		Available Start I	Available Start Date:	
Are you currently empl	loyed? If so, w	here?		
Have you ever worked	for the Town before in any p	position?	When?	
Please list beginning fr		s Experience		
1.Dates Employed	Name of Company	Location	Job	
Reason for lea	aving			
2. Dates Employed	Name of Company	Location	Job	
Reason for lea	aving			
3. Dates Employed	Name of Company	Location	Job	
Reason for lea	aving			
List of three (3) referer	nces with contact info:			
I understand I cannot	t_start work until all paper	work is completed an	d turned in to the Treasur	
Signature Date:	Em Da	ployers Signature te:		