

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Town of Dallas Plantation
PO Box 469
Rangeley, ME 04970
207-864-5991
207-864-9965 (Fax)

436 Dallas Hill Road
Dallas Plantation
dallasplt@myfairpoint.net
www.dallasplantation.com

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.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Have you ever worked or volunteered for the Municipality? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Desired	Date Available
Do you have relatives employed with the Municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list:		
Name _____ Name _____ Name _____	Division _____ Division _____ Division _____	Relationship _____ Relationship _____ Relationship _____
Driver's License No. & State of Issuance: Please list other names you have used:	Class: Endorsements:	Expiration:
Have you had any traffic convictions or accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list:		
Conviction or Accident _____ Conviction or Accident _____ Conviction or Accident _____	Date _____ Date _____ Date _____	
Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including dates, charges, and disposition.	Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> 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		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree & Year	Major or Subject
	From	To	Quarterly or Semester Hours	Other (Specify)			
	From	To					
	From	To					
	From	To					
	From	To					
	From	To					

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

(Maximum 1000 characters)

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)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize representatives of the Town of Dallas Plantation 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 Dallas Plantation, 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 specifically mentioned herein.

I understand that the Town of Dallas Plantation 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 No. ____-____-____

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

Printed Name

Notary Public, State of _____

My Commission Expires: _____