



# Town of Baldwin

534 Pequawket Trail  
 West Baldwin, Maine 04091  
 Phone: (207) 625-3581  
 Fax: (207) 625-7780

## Name and Address

Name (First, MI, Last)		Social Security Number	
Mailing Address			
City, State, and Zip Code			
Telephone		Alternate Phone	
If under 18, please list age		Email	

## Job Type

### Days/hours available to work

<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	

## Additional Information

Have you ever been employed by this organization in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number	Issued in what state?
Have you had any accidents during the past three years?			How many?
Have you had any moving violations during the past three years?			How many?

**Education**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				

**College or Business/Trade School**


**Military**

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date

Specialty

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

**Work Experience (continued)**

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

**References**

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date