

TOWN OF RICHMOND
26 Gardiner Rd. Richmond, ME 04357
(207) 737-4305 * FAX (207) 737-4306

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

Instructions to Applicants: (1) Type or print in ink. (2) Answer each question clearly and completely. (3) ALL statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: _____

(Please print)

ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE #: (home) () _____ (cell): () _____

E-MAIL: _____

How did you hear about this opening?

Advertisement

Friend/Relative

Walk-in

Other

Have you ever been employed by the Town of Richmond Yes No

If yes, give the Department and dates: _____ From _____ To _____

Give the name and relationship of any present Town Employee related to you: _____

On what date would you be available to work? _____

Are you employed now? Yes No

May we contact your present employer? Yes No

EDUCATION AND TRAINING

Highest grade completed: _____ Name of School: _____ Location: _____

School Address: _____ Phone #: _____

Colleges or Universities attended	No. years attended	Major Subjects	Degree/Certificate
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Business, Trade or Correspondence Schools

Skills possessed: (i.e., computer, equipment operation, mechanical)

Special Licenses: (Check appropriate categories :)

ME Class #1 Driver's License #: _____ Class ___ License#: _____ Other: _____

List below, in order, the positions which you have held. Include any periods served in the Military. Show your present or most recent job first. Under "Description of Duties", list kind of work responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed:

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Reason for leaving: _____

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Reason for leaving: _____

From: _____ To: _____ Title/Position: _____

Name and Address of Employer: _____ Phone#: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week: _____

Reason for leaving: _____

The Town of Richmond is an Equal Opportunity Employer. This statement of policy means the Town is committed to providing equal employment opportunity for the participation of all qualified persons in the job classifications without regard to race, color, sex, marital status, age, religion, national or ethnic origin, physical or mental disability, veteran status, sexual orientation, gender identification, or any other protected class under federal and/or state law.

Applicant's Certification and Agreement -PLEASE READ CAREFULLY.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant: _____

Date signed: _____