

TOWN OF CANAAN

277 MAIN STREET · PO Box 68
CANAAN, MAINE 04924

EMPLOYMENT/JOB APPLICATION

PERSONAL INFORMATION

FULL NAME _____ DATE _____

ADDRESS _____

E-MAIL _____ PHONE _____

SOCIAL SECURITY NUMBER ____-____-____

DATE AVAILABLE _____ DESIRED PAY \$ _____ HOUR SALARY

POSITION APPLIED FOR _____

EMPLOYMENT ELIGIBILITY

ARE YOU A US CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE US? YES NO

HAVE YOU EVER WORKED FOR THE TOWN OF CANAAN? YES* NO

*IF YES, WRITE THE START AND END DATES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

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EDUCATION

HIGH SCHOOL _____ CITY/STATE _____

FROM _____ TO _____ GRADUATE? YES NO

COLLEGE _____ CITY/STATE _____

FROM _____ TO _____ GRADUATE? YES NO

DEGREE/DIPLOMA _____

OTHER _____ CITY/STATE _____

FROM _____ TO _____ GRADUATE? YES NO

DEGREE/CERTIFICATION _____

OTHER _____ CITY/STATE _____

FROM _____ TO _____ GRADUATE? YES NO

DEGREE/CERTIFICATION _____

PREVIOUS EMPLOYMENT

EMPLOYER 1 _____

E-MAIL _____ PHONE _____

ADDRESS _____

JOB TITLE _____ RESPONSIBILITIES _____

FROM _____ TO _____ REASON FOR LEAVING _____

Phone
207-474-8976
207-474-8682

www.townofcanaan.com
townofcanaan@roadrunner.com

Fax
207-612-2037

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EMPLOYER 2 _____

E-MAIL _____ PHONE _____

ADDRESS _____

JOB TITLE _____ RESPONSIBILITIES _____

FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYER 3 _____

E-MAIL _____ PHONE _____

ADDRESS _____

JOB TITLE _____ RESPONSIBILITIES _____

FROM _____ TO _____ REASON FOR LEAVING _____

REFERENCES

FULL NAME _____ **RELATIONSHIP** _____

COMPANY _____ TITLE _____

E-MAIL _____ PHONE _____

FULL NAME _____ **RELATIONSHIP** _____

COMPANY _____ TITLE _____

E-MAIL _____ PHONE _____

FULL NAME _____ **RELATIONSHIP** _____

COMPANY _____ TITLE _____

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BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

I certify that answers are given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE _____ DATE _____

PRINT NAME _____