

Job Posting Highway Seasonal Help

The Town of Madison is seeking qualified applicants for Winter Seasonal Help in the Town Highway Department. A current CDL license is required. Experienced plow drivers and equipment operators preferred.

This is a skilled manual work position in the operation of trucks and other heavy equipment and related motorized equipment. Additional requirements include the ability to make minor repairs and adjustments to service automotive equipment, and the ability to perform manual labor for extended periods of time under adverse climate conditions

A physical examination may be required prior to hire to determine whether the applicant is in good health and able to perform the essential functions and duties of the position. This position is subject to random drug testing.

Job provides 40 hours of work plus overtime as necessary from November 1 through March 30.

Applications are available at the Town Office 26 Weston Ave in Madison, or online at www.madisonmaine.com Completed applications must be returned to the Town Office by Monday October 2, 2017.

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

Town Of Madison
26 Weston Ave.
PO Box 190
Madison, Maine 04950

Resumes may be attached, but will not be accepted in lieu of a completed application.

Job Data			
Job Title:		Date you will be available for employment:	
Job Posting No:			
Personal Data			
Name: Last:		First:	Middle:
Address:			
City:		State:	Zip:
Phone#	Days:	Evenings:	Alternate:
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No			
Date of birth (if less than 18):			
Have you ever worked or volunteered for the Municipality? Yes No			
If yes, please give dates:			
Do you have any relatives employed with the Municipality? Yes No			
If yes, please list:			
Name	Division	Relationship	
Name	Division	Relationship	
Name	Division	Relationship	
Driver's License No. & State:		Class:	Expiration:
Have you had any traffic convictions or accidents in the last three years? Yes No			
If yes, please list:			
Conviction or Accident		Date	
Conviction or Accident		Date	
Conviction or Accident		Date	
Conviction or Accident		Date	
Commercial Driver's License No. & State:		Class:	Endorsements
			Expires:
Please list other names you have used:			
Have you been convicted of any crime? Yes 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.			

Employment Application

We are an Equal Opportunity Employer

Education <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.</i>				
Did you graduate from High School or do you have a G.E.D.?		Yes	No	High School Name: Location:
Name of School, College(s) or University	Major	Credit Hours	Degree*	
*Proof of degrees from College/University obtained will be required upon hire.				
Name of Trade/Technical/Business or Other School(s) Attended		Course of Study	Diploma	
List other licenses held (date & #), professional registrations (date), certificates and professional memberships:				
List Honors, Awards, Fellowships:				
Skills Overview				
Approximate Typing Speed in words per minute:				
List computer software with which you are familiar:				
Fluent in a language other than English: Yes No		Language(s):	Speak:	Read: Write:
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
Tools and machines you can use and operate:				
Light or heavy motor vehicle equipment you can operate:				
Summarize Volunteer Services work including dates:				
Summarize Leadership Roles:				

Employment Application

We are an Equal Opportunity Employer

Employment History <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application</i>		
Current or most recent employer:		Phone:
Address:		
Your Title:		
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Present/Ending:	Hours per week:
Work Performed:		
Reason for leaving:		
May we contact this employer if you are considered for the position? Yes No		
Employer:		Phone:
Address:		
Your Title:		
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending:	Hours per week:
Work Performed:		
Reason for leaving:		
May we contact this employer if you are considered for the position? Yes No		
Employer:		Phone:
Address:		
Your Title:		
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending:	Hours per week:
Work Performed:		
Reason for leaving:		
May we contact this employer if you are considered for the position? Yes No		

Employment Application

We are an Equal Opportunity Employer

Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

Employer:	Phone:
-----------	--------

Address:

Your Title:

Employment Dates	From:	To:
------------------	-------	-----

Supervisor's name/title:

Starting Salary:	Ending:	Hours per week:
------------------	---------	-----------------

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

Employer:	Phone:
-----------	--------

Address:

Your Title:

Employment Dates	From:	To:
------------------	-------	-----

Supervisor's name/title:

Starting Salary:	Ending:	Hours per week:
------------------	---------	-----------------

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

Military Service

Have you ever served on active duty in the U.S. armed forces? Yes No

Dates:	From:	To:
--------	-------	-----

Branch:

Primary Duties:

Background Investigation Authorization Form

I, _____, understand and agree that, as a condition of employment, and in order to assess my qualifications for the position of _____, a full investigation of my background is necessary, including verification of all information submitted on my application for employment.

I have read, understand and agree to the following:

I hereby authorize the Town Of Madison H/R Department, or a third party acting on its behalf, to conduct a thorough inquiry into all areas deemed necessary to assess my qualifications for employment. I understand and agree that the Town of Madison H/R Department may contact or contract with private information centers, consumer reporting agencies, government agencies, mutual association, educational institutions, former employers and other third parties to assess my qualifications and verify information that I provide is accurate in every way. This may include, but is not limited to: verification of my employment, educational, and personal history; verification of information provided on my application or resume; contact with current and former employers, clients, business associates', professional organization or other institutions regarding work performance and character; inquiry into my credit history, driving record and criminal history as well as all public record information relating to my application for employment.

I hereby specifically release from liability and authorize employers, local, state, and federal administrators, credit bureaus, institutions, mutual associates, consumer reporting agencies or any persons to freely and completely respond to any inquiry made by or on behalf of the Town of Madison, H/R Department.

A copy of this document shall be, for all intents and purposes, as valid as the original

Applicant Legal Name: _____
Last First MI

Other Names Used: _____

SSN: _____ DOB: _____

Driver's License No: _____ State of License _____

Legal Address City, State, Zip

I hereby authorize the background investigation discussed herein and I affirm that all answers given to the Town of Madison are true and complete. I understand that my employment may be ended at any time if it is discovered that I withheld or falsified any information during the hiring process.

Signature

Date

