## **Employment Application**

Application	n Positio	on applying for:	-	1, ME 04950
Name:				
Last	First		Middle	
relephone:Em	nail:	A	iternate telephone: _	
Address:				
Are you able to perform the of the position with or with	essential duties	If necessary for the	ne job, I am able to	
☐ Yes ☐ No		Work Overtime?		No
If necessary for the job, are	you older than:	Trovide a valid Fil	anic briver's decrise:	□ 1es □ 140
□ 14 □ 16 □ 17 (Che	If so, fill out the following:			
	eck Offe)	Issuing State:		Type:
C 10 C 21		Endorsement(s):		
Are you legally eligible for e	Hazardous Ma	aterials Passenge		
☐ Yes ☐ No		☐ Tankers ☐ School Bus	☐ Double/T	Hazardous Materials
I am seeking a permanent p	Work the following shifts: (Check all that apply)			
☐ Yes ☐ No	☐ Any ☐ Day ☐ Night ☐ Swing ☐ Rotating ☐ Split ☐ Overnight ☐ Other			
I will be able to report to wo	EMPL clude summer or temporary job this section or on an extra shee	OYMENT s. Be sure all your experient of paper if necessary.	ence or employers relate	
Employer name and address:	Position title/duties, skill	S:	Start date:	End date:
			Reason for leaving:	
The state of the s	Million type (grantegy) is to the execution of a state of the execution of	and the construction of the second second		
	Supervisor:	Telephone:	3X 1 2 31 W	
Employer name and address:	Position title/duties, skill	s:	Start date:	End date:
	= = = '		Reason for leaving:	
MICH May "11 (Michigan Commission) when primer is now it have the property of the Michigan Commission (1977)	Principal Service (Self Sept. 1) project on the street of the continuous principal and security appears	to the control of the	A STATE OF THE PROPERTY OF THE	والمراورة والمستروع والمراور والمراور والمراور والمراور والمراور والمراور
	Supervisor:	Tolonhonou		
Employee name and address:	Position title/duties, skill	Telephone:	Start date:	End date:
Employer name and address:				
	<u> </u>		Reason for leavin	9:
er	Superiseur	Talasta		
### 3E 50 00	Supervisor:	Telephone:		

**Town of Madison** 

PO Box 190

Summarize other e	mployment related to th	is job:		TALL BY THE VIEW TO IT AS			
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EDUCATION							
	Institution Name	Years Completed	Field of Study	Graduate or Degree Program			
High School							
College/University							
Business/Technical							
Additional		E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000 =- 1 1000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		MILITA	DV				
TILEOUT		WIILTA					
Are you a veteran?	□ Yes □ No						
Please provide any duty/specialized training:							
	SKI	ILLS & QUALI	IFICATIONS				
Other qualifications su	uch as special skills, abilities						
Types of computers, s	software, and other equipm	ent you are qualif	ied to operate or repa	ir:			
Professional licenses,	certifications or registration	s: 📃 🔻					
Additional skills, include bring to the employer		r languages or inf	ormation regarding th	e career/occupation you wish to			
National Control of the Control of t		REFEREN	CES				
List three references v	who are not relatives and w	ho can attest to y	our work.				
Name Address			Telephone				
Name	Address		Telephone				
Name	Address		Telephone				
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The second second	INFORM	MATION TO T	HE APPLICANT				
have misrepresented or		ication, and are sub	sequently hired, you ma	ent references may be checked. If you y be discharged from your job. You may			
	ment, you may be required to: examination and/or a drug test			of authorization to work in the United n shown above.			
Signature of Applicant		••••••ו••••••••••••••••••••••••••••••	Date	and the little little is a second			

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.



## **BACKGROUND CHECK AUTHORIZATION FORM**

For Town of \_\_\_\_\_ \_\_\_\_\_, understand that in order to assess my qualifications for the position of \_\_\_\_\_\_, therefore and the position of \_\_\_\_\_\_, are the position of \_\_\_\_\_\_, and the position of \_\_\_\_\_\_, are the position of \_\_\_\_\_\_. \_\_\_\_\_, a full background investigation is necessary. I, therefore, authorize the Maine Municipal Association (for the Town of \_\_\_\_\_\_), to conduct an investigation which may include but not be limited to: verification of information provided by me to the Maine Municipal Association; a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information, and verifying educational attainment. All the information and materials I have provided to the Town of \_\_\_\_\_, as part of the employment process, are accurate and truthful. I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and authorize schools that I have attended to provide verification of educational attainment and other relevant information. Applicant Name: \_\_\_\_ Middle (please list full middle name) (Please list maiden name or any other names previously used.) Street Address: Mailing Address: \_\_\_\_\_ City/Town: State/Zip: Home Phone: \_\_\_\_\_ Work Phone: Social Security Number: Date of Birth Drivers License # \_\_\_\_\_ State of Issuance \_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_Date: \_\_\_\_\_ If under the age of 18, parental consent is required. Please note that MMA's background check service provider will not conduct background checks for individuals younger than 16. Parent Signature:

\_Date: \_\_\_\_