



THE TOWN OF LIMINGTON

425 Sokokis Ave, Limington, Maine



Application for Employment or Volunteer

Last Name		First Name		M.I.
Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name? Yes No If so, what is that name?				
Name #1		Name #2		
Mailing Address		State	Zip Code	
Home Phone #	Cell Phone #		Email Address	
What Job are you applying for?			When can you start?	
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States? Yes No				
Are you at least 18 years of age? Yes No		Are you willing to work overtime? Yes No		
Do you have a current driver's license? Yes No		Which State? _____		
If yes, what type? Class A Class B Class C				

Education				
Last Year Completed	School Name & Address	Graduation Year	Major Area of Study	Degree Type
High School 1 2 3 4				
Vocational School 1 2 3 4				
College 1 2 3 4				
Graduate School				

Licenses, Certifications and Registrations			
Name of License, Registration or Certification	License Number	State of Issue	Expiration Date

Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. Be brief but specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

Employer # 1	From (mm/yy):	To (mm/yy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		

Employer # 2	From (mm/yy):	To (mm/yy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		

Employer # 3	From (mm/yy):	To (mm/yy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		

Employment History Continued

Employer # 4	From (mm/yy):	To (mm/yy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		

Employer # 5	From (mm/yy):	To (mm/yy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		

Employer # 6	From (mm/yy):	To (mm/yy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		

The Town of Limington conducts background checks.

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include any conviction(s) occurring before your 18th birthday or traffic violations not listed above.

Offense	Date of Conviction

Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

Please read and sign the following statement:

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the Town of Limington, to whom my name is certified/referred, to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Town of Limington to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Town of Limington to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature _____

Date _____



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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 Limington to conduct a thorough inquiry into all areas deemed necessary to assess my qualification for employment. I understand and agree that the Town of Limington may contact or contract with private information centers, consumer reporting agencies, government agencies, mutual associations, 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 resume; contact with current and former employers, clients, business associates, professional organizations 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 associations, consumer reporting agencies or any persons to freely and completely respond to any inquiry made by or on behalf of the Town of Limington.

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

Applicant Legal Name: _____
Last First M

Other Names Used: _____ **SSN:** _____
Maiden name, etc.

Drivers License No.: _____ **State of License:** _____ **Date of Birth:** _____

Legal Address Mailing Address

City State Zip

I hereby authorize the background investigation discussed herein and I affirm that all answers given to the Town of Limington 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 _____