



TOWN OF CASCO
635 MEADOW ROAD
CASCO, ME 04015

APPLICATION FOR EMPLOYMENT

The Town of Casco is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race or color, sex, sexual orientation, physical or mental disability, religion, age or national origin.

NOTE: If you need assistance in completing this application form or during any point of the application, interview, or employment process, please notify ANTHONY WARD and every reasonable effort will be made to accommodate your needs efficiently.

Position for which you are applying? _____

Full Name _____

Address _____

Phone # _____ ext. _____

Hours you may be reached _____

Email address _____

Are you age 18 or older? Yes No

Have you ever worked for the Town of Casco? Yes No

If yes, employment dates and title _____

Are you eligible to be lawfully employed in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Do you have Driver's License? Yes No

If yes, Class & Endorsements _____

How did you learn of this position? _____

Education

Name of High School _____

Did you graduate? Yes No

Name of College or University. _____

Did you graduate? Yes No

If yes, degree _____

Graduate Study, business, correspondence or trade school courses. _____

Did you graduate? Yes No

Describe major courses.

Other special skills, training, certification, ect. not listed above.

Employment

List all current and previous jobs, including part-time, for the last ten years, beginning with the most recent.

First or Present Employer

Business or Owner's Name _____

Location _____

Supervisor's Name & Title _____

Dates of employment: From _____ To _____

May we contact employer? Yes No

Reason for leaving? _____

Position/Title _____

Duties performed

Second

Business or Owner's Name _____

Location _____

Supervisor's Name & Title _____

Dates of employment: From _____ To _____

May we contact employer? Yes No

Reason for leaving? _____

Position/Title _____

Duties performed

Third

Business or Owner's Name _____

Location _____

Supervisor's Name & Title _____

Dates of employment: From _____ To _____

May we contact employer? Yes No

Reason for leaving? _____

Position/Title _____

Duties performed

References

Give names and contact information for at least three persons thoroughly acquainted with your abilities.

First Reference

Name _____

Phone # _____ ext. _____

Email Address _____

Business/Profession _____

Second Reference

Name _____

Phone # _____ ext. _____

Email Address _____

Business/Profession. _____

Third Reference

Name _____

Phone # _____ ext. _____

Email Address _____

Business/Profession _____

Other Information**Disclosure Agreement**

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize the Town of Casco to investigate all information set forth in my application, by contacting prior employers and other references set forth above, and by any and all means authorized or permitted by law. I understand that if I am hired, omissions or false or misleading statements in this application or interviews will be grounds for immediate termination of employment.

Signature _____

Date _____

To submit application: Please save completed application to your computer/device, open the saved document from your device and select Submit Application.