

Town of Casco  
635 Meadow Road  
Casco, Maine 04015  
(207) 627-4515

**APPLICATION FOR EMPLOYMENT**

**THE TOWN OF CASCO DOES NOT DISCRIMINATE IN ITS EMPLOYMENT POLICIES AND HONORS ALL LAWS RELATIVE TO DISCRIMINATION**

Date \_\_\_\_\_ Phone \_\_\_\_\_

Position: \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

When will you be available? \_\_\_\_\_

Permanent Address \_\_\_\_\_

Temporary Address \_\_\_\_\_

Temporary Phone \_\_\_\_\_

**EDUCATION**: Starting with high school, list any schools or colleges you may have attended.

<u>Schools Attended</u>	<u>Address</u>	<u>No. Of Years Attended</u>	<u>Graduated/Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL SKILLS:**

Do you hold a valid drivers license?    Yes\_\_\_\_    No\_\_\_\_    State \_\_\_\_\_

Endorsement\_\_\_\_\_

Special training or  
classes\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other special skills do you have or licenses do you hold that may be relevant to this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by clerical applicants:

    Typing:        Yes\_\_\_\_    No \_\_\_\_\_    WPM\_\_\_\_\_

    Shorthand:    Yes\_\_\_\_    No \_\_\_\_\_    WPM\_\_\_\_\_

What office machines are you familiar with?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE:** Please list all previous employment, starting with the most recent job held.

<u>From(month/year)</u>	<u>To(month/year)</u>	<u>Position</u>	<u>Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please account for and explain any gaps in employment during the past ten years. Use the back page of this application if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact.

<u>Name</u>	<u>Company/Position</u>	<u>Address</u>	<u>Phone</u>
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**BACKGROUND:**

Have you ever been disciplined, discharged, or asked to resign from a prior position?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with or investigated for sexual abuse or harassment of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic offense)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with a traffic offense or pleaded guilty or "no contest" (nolo contendere) to a traffic offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered YES to any of the previous questions, provide full details on the back of this application including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies, or entities that the Town of Casco contacts in connection with my employment application to fully provide the town of Casco any information on the matters set forth above. I expressly waive in connection with any request for provision of such information, any claims, including with limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the Town of Casco, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff and members of the community. I give my consent to this disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACH A RESUME OR OTHER APPLICABLE INFORMATION**

**NOTE:** ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE TOWN OF CASCO. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREANING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICATION OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.