



TOWN OF CASCO

635 MEADOW ROAD
CASCO, MAINE 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, ancestry or national origin.

Position for which you are applying: _____

FULL NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ 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, your 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)

Driver's License? Yes No Class: _____ Endorsements: _____

How did you learn of this position? _____

EDUCATION:

Name of High School: _____

Did you graduate? Yes No

College or University: _____

Did you graduate? Yes No Degree: _____

Graduate Study, Business, Correspondence or Trade School Courses:

Describe: _____

Major Courses: _____

Did you graduate? Yes No Degree: _____

Special skills, training, certifications, etc. not listed above: _____

EMPLOYMENT:

List all current and previous jobs including part-time for at least the past ten years, beginning with most recent. Attach additional sheets, if necessary.

FIRST OR PRESENT:

Business Name & Location: _____

Supervisor's Name/Title: _____

Dates of Employment: From: _____ / _____ To: _____ / _____ May we contact? Yes No
Month Year Month Year

Reason for leaving: _____

Position Title: _____

Duties performed: _____

SECOND:

Business Name & Location: _____

Supervisor's Name/Title: _____

Dates of Employment: From: _____ / _____ To: _____ / _____ May we contact? Yes No
Month Year Month Year

Reason for leaving: _____

Position Title: _____

Duties performed: _____

THIRD:

Business Name & Location: _____

Supervisor's Name/Title: _____

Dates of Employment: From: _____ / _____ To: _____ / _____ May we contact? Yes No
Month Year Month Year

Reason for leaving: _____

Position Title: _____

Duties performed: _____

REFERENCES: Give names and contact information for AT LEAST three persons thoroughly acquainted with your abilities.

Name:

Telephone/Email:

Business/Profession:

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 my employment.

Signature

Date