



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.