Town of Easton

The Town of Easton is an Equal Opportunity/Affirmative Action employer. It is the Town's policy to employ, retain, promote, terminate, and otherwise treat any and all employees and job applicants on the basis of merit, qualifications and competence. This policy is applied without regard to any individual's sex, race, religion, national origin, pregnancy, age, marital status, physical or mental disability, or any other legally protected status.

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, any other legally protected status. (PLEASE PRINT)

Position(s) Applied For			Da	te of Application
How Did You Learn About Us?	Walk-	'n		
Last Name	First Name		Mi	iddle Name
Address	City	State		Zip Code
Telephone Number(s)		Social Security Number		
Do you have any physical limitations lifting or any other type of physical ex			[] Y	es 🗌 No
Do you currently have a Maine Drive	rs License?		Y	es 🗌 No
		If Yes, give num	ber	
Has your drivers license ever been rev	voked?		Y	es 🗌 No
		If Yes, give date		
Are you currently employed?			ΓY	es 🗌 No
May we contact your present employe	er?		T Y	es 🗌 No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>			Y	es 🗌 No
On what date would you be available	for work?			
Are you available to work:	Full Time	rt Time 🛛 Ten	nporary	
Are you currently on "lay-off" status	and subject to recal	1?	Y	es 🗌 No
Can you travel if a job requires it?			Y	es 🗌 No
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment.			Y	es 🗌 No
If Yes, please explain				

Why did you leave your last employment? ____

Education

	Names and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may be able to exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Er			
	Address		From	То	Work Performed	
	Telephone Number(s)		Hourly Ra	ate/Salary Final		
	Job Title	Supervisor				
	Reason for Leaving					
2.	Employer		Dates Ei From	nployed To	Work Performed	
	Address					
	Telephone Number(s)		Hourly Ra	ate/Salary Final		
	Job Title	Supervisor				
	Reason for Leaving					
3.	Employer		Dates El	nployed To	Work Performed	
	Address					
	Telephone Number(s)		Hourly Ra	ate/Salary Final		
	Job Title					
		Supervisor				
	Reason for Leaving	Supervisor				
4.		Supervisor	Dates El		Work Performed	
4.	Reason for Leaving	Supervisor		nployed	Work Performed	
4.	Reason for Leaving Employer Address Telephone Number(s)			nployed To	Work Performed	
4.	Reason for Leaving Employer Address	Supervisor Supervisor	From Hourly Ra	nployed To nte/Salary	Work Performed	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:				

Other Qualifications		
Summarize special job-related skills and qualifications ac	quired from employment or o	other experience.
Specialized Skills Check Skills/Equipme	ent Operated	
Computer Fax	Production/Mobile Machinery (list):	Other (list):
Microsoft Word Excel		
Calculator Typewriter		
State any additional information you feel may l	be helpful to us in consid	dering your application.

References

1		()
	(Name)	Phone #
	(Address)	
2		()
	(Name)	Phone #
	(Address)	
3		()
	(Name)	Phone #
	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Town the ability to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment is active for the job vacancy currently being applied for.

However, the application is required to be kept on file for one year. During that time should another job vacancy be advertised that I am interested in I may either reapply or call the Manager's Office to have this application re-activated. I understand that this application will not be automatically re-activated for future openings.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Town.

Signature of Applicant

Date