

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

TOWN OF LINCOLNVILLE
 493 HOPE ROAD
 LINCOLNVILLE ME 04849

Resumes may be attached, but will not be accepted in lieu of a completed application.

Job Data			
Job Title:		Date you will be available for employment:	
Job Posting No:			
Personal Data			
Name: Last:		First:	Middle:
Address:			
City:		State:	Zip:
Phone#	Days:	Evenings:	Alternate:
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No			
Date of birth (if less than 18):			
Have you ever worked or volunteered for the Municipality? Yes No			
If yes, please give dates:			
Do you have any relatives employed with the Municipality? Yes No			
If yes, please list:			
Name	Division	Relationship	
Name	Division	Relationship	
Name	Division	Relationship	
Driver's License No. & State:		Class:	Expiration:
Have you had any traffic convictions or accidents in the last three years? Yes No			
If yes, please list:			
Conviction or Accident		Date	
Conviction or Accident		Date	
Conviction or Accident		Date	
Conviction or Accident		Date	
Commercial Driver's License No. & State:		Class:	Endorsements
			Expires:
Please list other names you have used:			
Have you been convicted of any crime? Yes No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.			

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Education <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.</i>				
Did you graduate from High School or do you have a G.E.D.?		Yes	No	High School Name: Location:
Name of School, College(s) or University	Major	Credit Hours	Degree*	
*Proof of degrees from College/University obtained will be required upon hire.				
Name of Trade/Technical/Business or Other School(s) Attended		Course of Study	Diploma	
List other licenses held (date & #), professional registrations (date), certificates and professional memberships:				
List Honors, Awards, Fellowships:				
Skills Overview				
Approximate Typing Speed in words per minute:				
List computer software with which you are familiar:				
Fluent in a language other than English:		Language(s):	Speak:	Read: Write:
Yes	No			
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
Tools and machines you can use and operate:				
Light or heavy motor vehicle equipment you can operate:				
Summarize Volunteer Services work including dates:				
Summarize Leadership Roles:				

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Employment History <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application</i>			
Current or most recent employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Present/Ending:	Hours per week:	
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			
Employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:	Hours per week:	
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			
Employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:	Hours per week:	
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			

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Employer:		Phone:	
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:	Hours per week:	
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			
Employer:		Phone:	
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:	Hours per week:	
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			
Military Service			
Have you ever served on active duty in the U.S. armed forces? Yes No			
Dates:	From:	To:	
Branch:			
Primary Duties:			

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or 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 employer.

Signature of Applicant

Date