



EMPLOYMENT APPLICATION

TOWN OF CASTINE
P.O. BOX 204 • 67 COURT STREET
CASTINE, MAINE 04421

PHONE (207) 326-4502 • FAX (207) 326-9465 • EMAIL: townoffice@castine.me.us

Town Use Only
RECEIVED
By _____
Date _____

The Town of Castine is an Equal Opportunity Employer

• APPLICANT

POSITION DESIRED: _____ START DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO
(All applicants that are offered employment must provide documents which establish their identity and employment eligibility.)

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 provide date and details of each conviction or accident on a separate sheet and attach to this application.)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO
(If YES, please provide details including date, charge and disposition of each conviction on a separate sheet and attach to this application. 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.)

• EDUCATION

HIGH SCHOOL

DO YOU HAVE A DIPLOMA OR G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL NAME	LOCATION
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TRADE OR TECHNICAL SCHOOL

NAME	CERTIFICATE OR DIPLOMA	COURSE OF STUDY

COLLEGE OR UNIVERSITY

NAME	DEGREE OR CREDIT HOURS	MAJOR

LICENSES

LIST ANY PROFESSIONAL LICENSES OR REGISTRATIONS AND PROFESSIONAL MEMBERSHIPS

- EMPLOYMENT HISTORY** (PLEASE COMPLETE EMPLOYMENT INFORMATION AND/OR ATTACH A RESUME)

CURRENT OR MOST RECENT EMPLOYER

FIRM NAME		PHONE
ADDRESS		
DATES OF EMPLOYMENT	FROM	TO
TITLE	SALARY	HRS./WEEK
DESCRIPTION OF WORK		
SUPERVISOR'S NAME & TITLE		
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NEXT MOST RECENT EMPLOYER

FIRM NAME		PHONE
ADDRESS		
DATES OF EMPLOYMENT	FROM	TO
TITLE	SALARY	HRS./WEEK
DESCRIPTION OF WORK		
SUPERVISOR'S NAME & TITLE		

PAST EMPLOYER

FIRM NAME		PHONE
ADDRESS		
DATES OF EMPLOYMENT	FROM	TO
TITLE	SALARY	HRS./WEEK
DESCRIPTION OF WORK		
SUPERVISOR'S NAME & TITLE		

- MILITARY SERVICE**

BRANCH		RANK
DATES OF SERVICE	FROM	TO

- CERTIFICATION**

I affirm that all information provided on this application and any attachment is true and correct. I understand that any misrepresentation, falsification, or material omission of any information during the hiring process may result in my exclusion from further consideration for employment or termination of employment if already hired.

SIGNATURE OF APPLICANT

DATE