



**POSITION DESIRED**

Position \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_ When Available \_\_\_\_\_

**EMPLOYMENT HISTORY / EXPERIENCE**

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

List your last three employers starting with the most recent.

EMPLOYER		EMPLOYMENT DATES	JOB TITLE	PAY RATE	REASON FOR LEAVING
Name		From			
Address		To			
Name		From			
Address		To			
Name		From			
Address		To			

**REFERENCES**

List three persons, not related to you, who have known you for at least one year.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Are you willing to submit to a background check?  Yes  No

Are you willing to submit to a drug/alcohol screen?  Yes  No

Have you ever been convicted of a felony or other crime?  Yes  No

Responding Yes does not automatically disqualify you from employment. If you answered Yes, please explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, falsified statements and omissions on this application shall be grounds for disqualification or if employed, dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you all information concerning my previous employment or service and any pertinent information they may have, personal or otherwise, and release the municipality from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized municipal representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the (ADA) Americans with Disabilities Act and other relevant federal and state laws".

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

<b>INTERVIEW NOTES</b>			
Interviewed By _____		Date _____	
Remarks			
Neatness		Character	
Personality		Abilities	
Hired Yes No	Department	Position	Pay Rate \$ /hr

APPROVED:

\_\_\_\_\_  
Town Manager

# Town of Howland

# Background Authorization

I, \_\_\_\_\_ understand that in order to assess my  
(print or type full name)  
 qualifications for the position of \_\_\_\_\_, a full background investigation is necessary. I, therefore, authorize the Town of Howland, Maine to conduct an investigation which may include, but not be limited to, verification of information provided by me to the Town of Howland. This information may include a financial management check; credit check; contacting persons, institutions, government and law enforcement agencies for character references and record history information; contacting employers for performance information; and verifying educational attainment.

I hereby authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance. I also authorize schools, which I have attended to provide verification of educational attainment and other relevant information.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Today's Date