

Town of Baldwin

Job Application

534 Pequawket Trail, West Baldwin, Maine 04091
625-3581 ~ 625-7780 Fax

Name and Address

Name (First, MI, Last)

Date of birth:

Mailing Address:

City, State, and Zip Code:

Telephone:

Alternate Phone:

If under 18, please list age:

Email:

Job Type

Days/hours available to work

I have no

Preference

Monday

Tuesday

Wed.

Thurs.

Friday

Saturday

Sunday

Position applied for:

Full-time job

Part-time job

Full or Part-time

How many hours can you work weekly?

Can you work nights?

Date available to begin?

Additional Information

Have you ever been employed by this organization in the past? Yes No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld Judgement to a felony? Yes No

If yes, please explain:

Do you have a Maine valid driver's license:? Yes No Drivers Lic Number:

Have you had ANY accidents during the past three years?

How many?

Have you had ANY moving violations during the past three years?

How many?

Education

High School	Location (mailing address)	Yrs Completed	Major	Degree or Diploma

College or Business/Trade School

Military

Have you ever been in the Armed Forces:

Yes

No

Date entered:

Are you now a member of the National Guard?

Yes

No

Discharge date:

Specialty:

Work Experience

Please list All work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company:	Name of Last Supervisor:	Hrs/week:
Address:	Start Date:	Starting Salary
City, State, and Zip Code	End Date:	Final Salary:
Phone number:	Your last job title:	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes () No ()

Company:	Name of Last Supervisor:	Hrs/week:
Address:	Start Date:	Starting Salary
City, State, and Zip Code	End Date:	Final Salary:
Phone number:	Your last job title:	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes () No ()

Work Experience (continued)

Company:	Name of Last Supervisor:	Hrs/week:
Address:	Start Date:	Starting Salary
City, State, and Zip Code	End Date:	Final Salary:
Phone number:	Your last job title:	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes () No ()

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

- 1.
- 2.
- 3.
- 4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature: _____ **Date:** _____