



APPLICATION FOR EMPLOYMENT TOWN OF GORHAM, MAINE

71 South Street
Gorham, ME 04038
www.gorham-me.org

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the HR Director at 222-1651.

PLEASE TYPE OR PRINT LEGIBLY

Name _____
Last First Middle

Address _____
Street Town/State Zip

Telephone # _____ Cell/Alternate Phone# _____

Email Address _____

Date available ____ / ____ / ____ Type of employment desired Full time Part Time Seasonal Temporary

Position(s) applied for _____ Date of application ____ / ____ / ____

Reference Source Advertisement Employee Walk-in
 Temporary Agency Relative Other

Name of source (if applicable) _____

Have you ever been employed by the Town of Gorham? Yes No

If yes, give dates and name of position held: _____

Are you legally eligible for employment in this country? Yes No

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please provide dates and details:

Answering "yes" to these questions does not constitute automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Top candidate(s) for positions will be provided with a release/authorization form in order for the Town to conduct a background investigation.

If the position sought requires driving, can you provide a valid driver's license? Yes No

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, **starting with the most recent** (use additional sheets if necessary). Please explain any gaps in employment in comments section below.

Employer _____ Telephone _____

Address _____

Job Title _____ Immediate Supervisor _____

Describe Responsibilities and Duties: _____

Reason for Leaving _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____ May we contact employer for a reference? Yes No

Employer _____ Telephone _____

Address _____

Job Title _____ Immediate Supervisor _____

Describe Responsibilities and Duties: _____

Reason for Leaving _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____ May we contact employer for a reference? Yes No

Employer _____ Telephone _____

Address _____

Job Title _____ Immediate Supervisor _____

Describe Responsibilities and Duties: _____

Reason for Leaving _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____ May we contact employer for a reference? Yes No

Additional comments, including explanation of any gaps in employment:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses (such as a CDL) and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATION

List last three (3) schools attended, **starting with most current**. Indicate degree or diploma earned, if any.

1.	_____	_____
	School	Degree/Diploma
2.	_____	_____
	School	Degree/Diploma
3.	_____	_____
	School	Degree/Diploma

REFERENCES

List below name and telephone of three business/work references *not* related to you and are not previous supervisors. If not applicable, list three school or personal references *not* related to you.

1.	_____	_____	_____
	Name	Telephone Number	# of years known
2.	_____	_____	_____
	Name	Telephone Number	# of years known
3.	_____	_____	_____
	Name	Telephone Number	# of years known

APPLICANT STATEMENT

I certify that all information in the above employment application is true, complete and correct to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment that may be necessary in making an employment decision.

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

Upon completion, submit this application by mail or email to:

James Rathbun, Library Director
Baxter Memorial Library
71 South Street
Gorham, ME 04038
jrathbun@msln.net