

## TOWN OF CAPE ELIZABETH APPLICATION FOR EMPLOYMENT

Please complete form in detail; printing must be legible. Fill in all appropriate blanks. If the information on pages 2 and 3 is provided on your resume, those sections may be left blank. Please sign and date on page 4. All information given is held in strict confidence.

Date:	Po	sition Applying	For:				
Name:							
	First	Middle	9	]	Last		
Addres	38 <b>:</b>						
Mailir	ng Address (if	different):					
How ma	any years at pi	resent address?					
Prefer	cred Contact Ph	none:					
		ously employed by				YES	N
		es or acquaintand					N(
If no,	explain						
Have y	you ever been o	convicted of a c	rime? YES	NO			
If yes	s, explain						
If him	red, when would	l you be availab	le to start?				

## Education

High School Diploma or GED?  If yes, year diploma received	YES NO
College, Business, or Trade School Educat If yes, please include names, dates and t	
Other Licenses or Certifications:	
Employment History	
Please list three most recent work expermost recent:	lences, beginning with your
EMPLOYER	
ADDRESSDUTIES	
NAME OF SUPERVISOR	
Reason for Departure:	
EMPLOYER	DATES EMPLOYED
ADDRESS	
POSITIONDUTIES	3
NAME OF SUPERVISOR TELEPHONE: ()	
Reason for Departure:	

EMDI OVED		DATES EMPLOYED				
		DATES EMPLOYED				
ADDRESS						
POSITION	DUTI	ES				
NAME OF SUPERVISOR_ TELEPHONE: ()						
Reason for Departur	`e:					
References Busin	ness/Personal					
Please list three r	references.					
NAME	ADDRESS	TELEPHONE				
References will be contacted. If your reference cannot be reached by telephone during working hours, please indicate so, and provide an evening number.						
Experience						
If you would like provide any other experiences, skills or qualifications, which you would bring to this position not listed in your letter of interest or resume, please list.						

By signing this application, I certify that this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, the Town of Cape Elizabeth or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. In addition, I agree if required to undergo a medical examination by a town-designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that the Town of Cape Elizabeth is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National Origin, Disability or Veteran Status. I realize that if I am hired, the Town of Cape Elizabeth has the right to terminate my employment whenever the need arises.

Date of App	olication:		
Signature:			

Please attach your letter of interest and resume.