

**TOWN OF CAPE ELIZABETH**  
**APPLICATION FOR EMPLOYMENT**

**Please print and complete form in detail. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence**

Position Applying For \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

How many years at present address? \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Social Security No. \_\_\_\_\_

Have you been employed previously by the Town \_\_\_\_\_

Do you have relatives or acquaintances employed by the Town? \_\_\_\_\_

Do you have the legal right to work permanently in the U.S.? \_\_\_\_\_ If no, Explain \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain \_\_\_\_\_

If your application is considered favorably, when could you start? \_\_\_\_\_

**Education**

Name of High School \_\_\_\_\_ Did you graduate? Yes No

Name of College or University \_\_\_\_\_ Did you graduate? Yes No

If yes, what degrees did you earn? \_\_\_\_\_

## Prior Work History

Please list three most recent work experiences, beginning with your most recent:

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ DUTIES \_\_\_\_\_

What do you most enjoy? \_\_\_\_\_ What do you least enjoy? \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Reason for Departure \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ DUTIES \_\_\_\_\_

What do you most enjoy? \_\_\_\_\_ What do you least enjoy? \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Reason for Departure \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ DUTIES \_\_\_\_\_

What do you most enjoy? \_\_\_\_\_ What do you least enjoy? \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Reason for Departure \_\_\_\_\_

If leaving your present job, explain \_\_\_\_\_

**References Business/Personal**

| <u>NAME</u> | <u>ADDRESS</u> | <u>TELEPHONE</u> |
|-------------|----------------|------------------|
| _____       | _____          | _____            |
| _____       | _____          | _____            |
| _____       | _____          | _____            |

References will be contacted. If your reference cannot be reached by telephone during working hours, please provide an evening number.  
Please list three references.

**Experience**

Please list any other experiences, skills or qualifications (e.g. computer experience, customer service training), which you would bring to this position if hired.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. Also, 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 Application** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Note: If available, please attach your resume.**