Application for Employment

Town of Raymond 401 Webbs Mills Rd Raymond ME 04071

207-655-4742



We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be Fully completed to be considered.

Applicant Information								
Full Name:	Last	First			M.I.	Date:		
Address:	Lasi	1 1131			IVI.I.			
, idai eee.	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:		E	Email					
Position App	pling for:							
Date Availa	ble:		Desired	Salary				
Are you a ci	itizen of the United States?	YES NO	If no, a	are you	authorized to wo		NO	
		Educa	ation					
High Schoo	l:	Address:						
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did vou graduate?	YES	NO	Degree:			

References

Please list two profe	essional and one personal reference.						
Full Name:		Relationship:					
Company:			Phone:				
Address:							
Full Name:			Relationship:				
Company			Phone:				
Address:							
Full Name:			Relationship:				
Company:			Phone:				
Address:							
	Previous E	Employment					
Company:			Phone:				
A -1 -1			Over a militar and				
Job Title:	Responsibilities:						
From:	To:	Reason for Leavi	ing:				
May we contact your	r previous supervisor for a reference?	YES NO					
Company:			Phone:				
^ -l -l			Company de any				
Job Title:	Responsibiliti	es:					
From:	To:	Reason for Leavi	ng:				
May we contact your	r previous supervisor for a reference?	YES NO					
Company:			Phone:				
Address:			Supervisor:				
Job Title:	Responsibilities:						
From:	To: Reason for Leaving:						
May we contact your	r previous supervisor for a reference?	YES NO □					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Town of Raymond contacts in connection with my employment application to fully provide the Town of Raymond any information on the matters set forth above. I expressly waive in connection with any request for provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relation that I might otherwise have against the Town of Raymond, its agents and officials or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff and members of the community. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I give my consent to this disclosure.

Name (Please Print) _	
Signature	
Date:	

NOTE: All application materials become the property of the Town of Raymond. None will be returned. Providing any false or misleading information on this application or in the application or employment screening process shall be fully sufficient grounds to refuse to employ the applicant or, if the applicant has been employed, to immediately dismiss the applicant/employee.