TOWN OF OAKLAND

APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, sexual orientation, disability, veteran status, or any other characteristics protected under local, state or federal law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE:	_MOBILE/CELL:
EMAIL:	

Position Applied for (NOTE: A separate application is required for each position posted).

How did you hear of the position?

EDUCATION

SCHOOLS	NAME/LOCATION	LAST YEAR COMPLETED (CIRCLE)	MAJOR COURSES	DIPLOMA/DEGREE CERTIFICATION
HIGH SCHOOL		9 10 11 12		
COLLEGE		1 2 3 4 MORE		
BUSINESS OR TRADE SCHOOL		MONTHS ATTENDED		
OTHER LICENSES OR CERTIFICATIONS		LENGTH OF PROGRAM		

EMPLOYMENT HISTORY

Please list your complete employment history. List present or most recent employer first. Use an additional page if necessary.

EMPLOYER:	FROM: TO:	ADDRESS, CITY, ST	BEGINNING SALARY AND LAST SALARY	REASON FOR LEAVING
Type of work performed:				
Name of Supervisor and C	Contact Inform	nation		

EMPLOYER:	FROM:	ADDRESS, CITY, ST	BEGINNING	REASON FOR
			SALARY AND	LEAVING
	TO:		LAST SALARY	
Type of work performed:				
Name of Supervisor and C	Contact Inform	nation		
-				

EMPLOYER:	FROM:	ADDRESS, CITY, ST	BEGINNING SALARY AND	REASON FOR LEAVING
	TO:		LAST SALARY	
Type of work performed:	1	<u> </u>	<u> </u>	<u> </u>
Name of Supervisor and C	Contact Inform	nation		

PERSONAL INFORMATION (Circle Yes or No)

Are you able to perform the essential duties of the position you a reasonable accommodation?	are applying for YES	with or without
Are you legally authorized to work in the United States?	YES	NO
Are you at least 18 years of age?	YES	NO 🗌
If required for the position, do you have a clean driving record	? (if no please ex	plain) YES NO

Please list any special office/software skills:

Please list any special equipment skills:

Please list any other skills:

If hired, when would you be available to start:

What are your salary requirements?

REFERENCES

NAME	RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER
	·	•	•
Are you currently employed	? YES NO]	

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If so, may we contact your present employer?	YES	l NO

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Town shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me on this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character, and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or me.

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D I	gnature:

Date:

Completed application must be dropped off at the Town Office or mailed to the following address:

Town of Oakland, Job Search P.O. Box 187 Oakland, ME 04963