

**TOWN OF NORWAY.**  
**APPLICATION FOR EMPLOYMENT**  
19 Danforth Street, Norway, ME 04268 (207) 743-6651  
an Equal Opportunity Employer

**Please note: This completed application is only for the specific position open. A new application must be submitted for any other positions that are available. Please request any necessary accommodations to participate in the application process.**

Date \_\_\_\_\_

Name \_\_\_\_\_

Last	First	Middle	Social Security Number			
Present Address _____						
No.	Street	City	County	State	Zip	Telephone

Are you legally eligible for employment in the United States? \_\_\_\_\_

Position applying for \_\_\_\_\_

Would you work full-time \_\_\_\_\_ part-time \_\_\_\_\_ specify days/hours if part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

On what dates will you be available for employment, if hired? \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would fit you for work with our organization?  
\_\_\_\_\_

Please list other residences for the past ten years and indicate if name was other than listed here.

Name if different	Street or PO Box	City	County	State	Zip
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**Section I**

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Check last year completed	Did you graduate?	List Diploma and /or degree
High/ GED	_____		9 10 11 12	Yes____ No____	
College	_____		13 14 15 16	Yes____ No____	
College	_____		MST. Ph.D. 17 18 19 20	Yes____ No____	

Other (specify) \_\_\_\_\_

**Section II.** List below present and past employment for 10 years beginning with most recent employment.

Name & address of Co. & type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you performed	Reason for leaving	Name of Supervisor
_____					
_____					
_____					
_____					
Tel. _____					

Name & address of Co. & type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you performed	Reason for leaving	Name of Supervisor
_____					
_____					
_____					
_____					
Tel. _____					

Name & address of Co. & type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you performed	Reason for leaving	Name of Supervisor
_____					
_____					
_____					
_____					
Tel. _____					

Name & address of Co. & type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you performed	Reason for leaving	Name of Supervisor
_____					
_____					
_____					
_____					
Tel. _____					

**Be advised that you will be required to contact at least two former employers for references, including at least one prior (or current) supervisor.**

**Section III. REFERENCES**

Name/Occupation	Business Address and Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TO APPLICANT: Read this information carefully before answering any questions in Section V.**

Federal Law prohibits discrimination in employment because of race, color, religion, sex, national origin, age or physical or mental disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on sexual orientation, gender identity or whistleblower status.

#### Section IV.

The position for which you are applying may require the information to questions contained in this area. This requirement is legally permissible including, without limitation, bona fide occupational qualifications or granting agency requirements. Your responses required in this section will not necessarily qualify or disqualify you for employment. However, your answers may prevent employment in the program position for which you are applying. **This section must be completed.**

Have you ever been bonded?\_\_\_\_\_ If yes, on what jobs?\_\_\_\_\_

Have you ever been convicted of a Criminal offense? (pending or prior)?  
If No\_\_\_\_ I declare that there are no criminal charges pending against you?  
If Yes\_\_\_\_ List below

Criminal convictions:

Court of record      Date of disposition

Charges and Criminal convictions related to any or all forms of adult or child abuse and neglect:  
Court of record      Date of disposition

All convictions of violent felonies:  
Court of record      Date of disposition

You may be required to drive on Town's business either using an Town vehicle or using your own vehicle. Do you have a valid license? Yes\_\_\_\_ No\_\_\_\_ If yes, state/province of issue\_\_\_\_\_  
License Number\_\_\_\_\_ Date of expiration\_\_\_\_\_

Is your license currently under suspension or revocation? Yes\_\_\_\_ No\_\_\_\_ If yes, when will the suspension/revocation terminate?\_\_\_\_\_

Do you have liability coverage?

Yes\_\_\_\_ No\_\_\_\_ If yes, who is the insurance carrier?\_\_\_\_\_

#### PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make an inquiry of my personal and employment history, including background checks, to determine suitability

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date