

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.

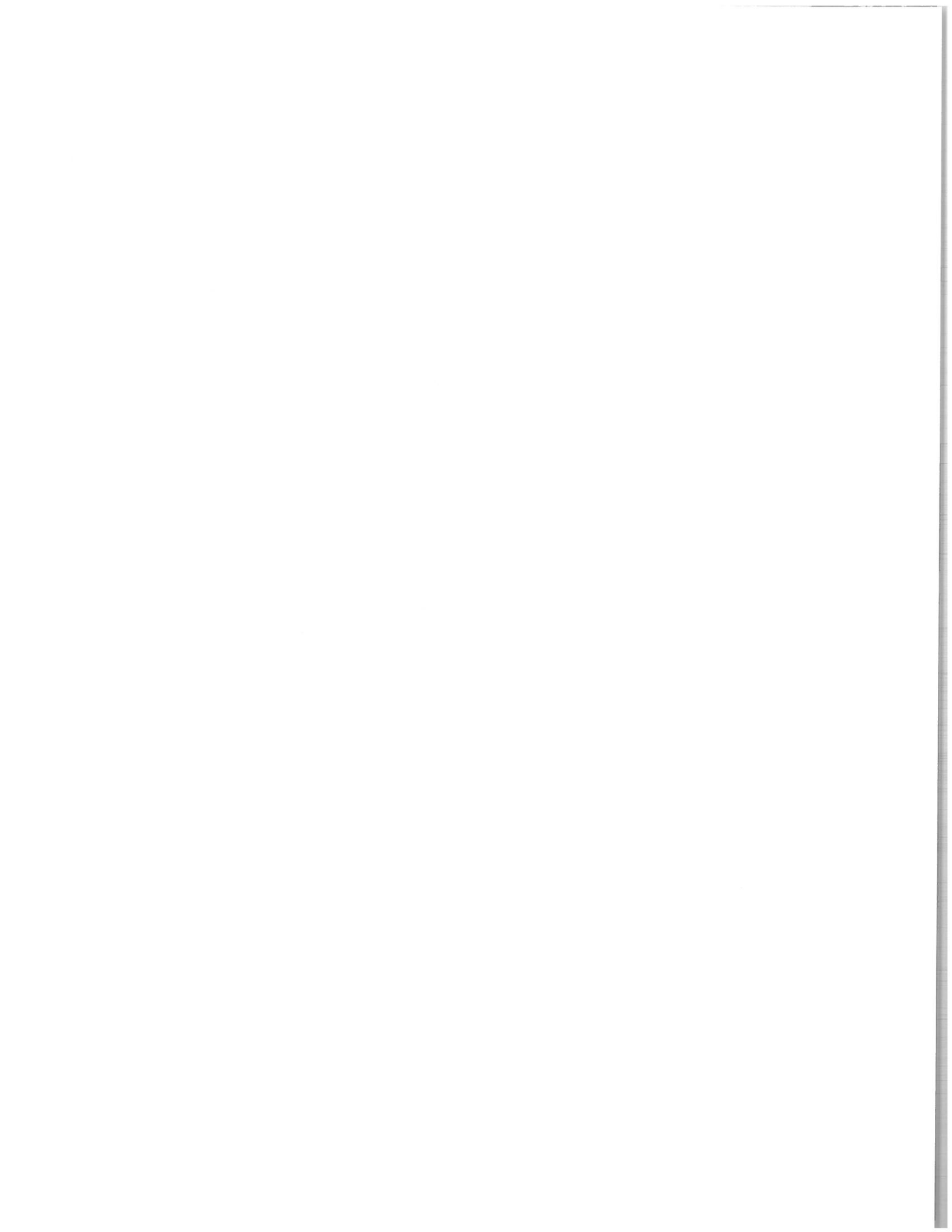
Name if different	Street or PO Box	City	County	State	Zip
-------------------	------------------	------	--------	-------	-----

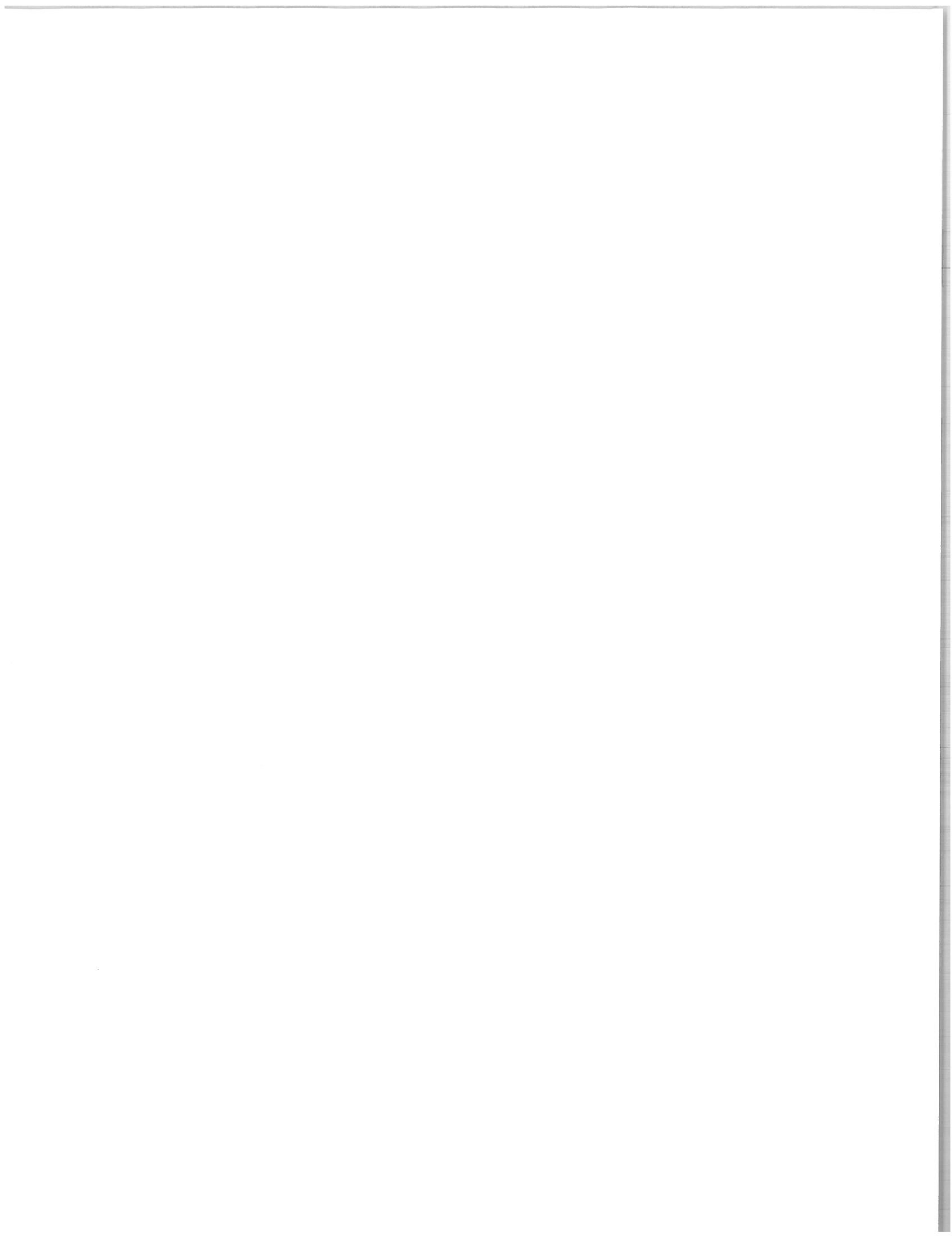
Section I

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 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

