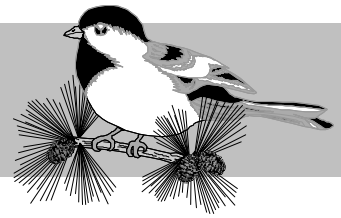


Town of Mechanic Falls

Employment Application



Today's Date: _____ Position Applying For: _____
Full Name: _____ Phone: _____
Address: _____
Mailing Address (if different from above) : _____
Driver's License # : _____ Endorsement / Restrictions: _____
Are you a U. S. Citizen? Yes No Are you at least 18 years of age? Yes No

Education

High School Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Last year completed: 9 10 11 12

College / Trade School: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Major / Program: _____ Degree: _____

Other Post High School Education:

Previous Employment Experience: (begin with most recent or current employer)

Employer: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Employed from date: _____ to _____
Title / brief job description: _____
Reason for leaving: _____ May we contact this employer? Yes NO If No explain

Employer: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Employed from date: _____ to _____
Title / brief job description: _____
Reason for leaving: _____ May we contact this employer? Yes NO If No explain

Employer: _____ Supervisor: _____
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Employer: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Employed from date: _____ to _____
Title / brief job description: _____
Reason for leaving: _____ May we contact this employer? Yes NO If No explain

References

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Other Information you feel helps relate you to the position you are applying for:

Have you ever been convicted of driving under the influence? (Conviction may not necessarily disqualify applicant from employment). No Yes When: _____

Have you used illegal drugs in the past three months? (Use may not necessarily disqualify applicant from employment). No Yes

Have you been convicted of a felony in the past seven years? (Conviction may not necessarily disqualify you from employment). No Yes

I attest that the information provided is the truth to the best of my knowledge and the falsifications on this application will be grounds for my immediate termination. My signature below also authorizes the Town of mechanic Falls to complete a background check through the Maine State police and the Department of Motor Vehicles.

Signature: _____

Date: _____