

# TOWN OF SEBAGO

## Employment Application



APPLICANT INFORMATION									
Last Name	Click here to enter text.			First	Click here to enter text.		M.I. Click here to	Date	Click here to enter text.
Street Address	Click here to enter text.						Apartment/Unit #	Click here to enter text.	
City	Click here to enter text.			State	Click here to enter text.		ZIP	Click here to enter text.	
Phone	Click here to enter text.			E-mail Address	Click here to enter text.				
Date Available	Click here to enter text.						Desired Salary	Click here to enter text.	
Position Applied for	Click here to enter text.								
If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this Town?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	Click here to enter text.			
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	Click here to enter text.			
EDUCATION									
High School	Click here to enter text.			Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Click here to enter text.					
College	Click here to enter text.			Address	Click here to enter text.				
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Click here to enter text.					
Other	Click here to enter text.			Address	Click here to enter text.				
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Click here to enter text.					
REFERENCES									
<i>Please list three professional references.</i>									
Full Name	Click here to enter text.				Relationship	Click here to enter text.			
Company	Click here to enter text.				Phone	Click here to enter text.			
Address	Click here to enter text.								
Full Name	Click here to enter text.				Relationship	Click here to enter text.			
Company	Click here to enter text.				Phone	Click here to enter text.			
Address	Click here to enter text.								
Full Name	Click here to enter text.				Relationship	Click here to enter text.			
Company	Click here to enter text.				Phone	Click here to enter text.			
Address	Click here to enter text.								

PREVIOUS EMPLOYMENT					
Company		Click here to enter text.		Phone	Click here to enter text.
Address		Click here to enter text.		Supervisor	Click here to enter text.
Job Title		Click here to enter text.			
Responsibilities		Click here to enter text.			
From	Click here to enter a date.	To	Click here to enter a date.	Reason for Leaving	Click here to enter text.
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/> NO <input type="checkbox"/>
Company		Click here to enter text.		Phone	Click here to enter text.
Address		Click here to enter text.		Supervisor	Click here to enter text.
Job Title		Click here to enter text.			
Responsibilities		Click here to enter text.			
From	Click here to enter a date.	To	Click here to enter a date.	Reason for Leaving	Click here to enter text.
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/> NO <input type="checkbox"/>
Company		Click here to enter text.		Phone	Click here to enter text.
Address		Click here to enter text.		Supervisor	Click here to enter text.
Job Title		Click here to enter text.			
Responsibilities		Click here to enter text.			
From	Click here to enter a date.	To	Click here to enter a date.	Reason for Leaving	Click here to enter text.
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/> NO <input type="checkbox"/>
Company		Click here to enter text.		Phone	Click here to enter text.
Address		Click here to enter text.		Supervisor	Click here to enter text.
Job Title		Click here to enter text.			
Responsibilities		Click here to enter text.			
From	Click here to enter a date.	To	Click here to enter a date.	Reason for Leaving	Click here to enter text.
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date Click here to enter a date.