

EMPLOYMENT APPLICATION

RETURN TO: TOWN OF RAYMOND 401 Webbs Mills Rd., Raymond, ME 04071 (207) 655-4702 FAX (207) 655-3042

FOR OFFICIAL USE ONLY				
Date Received: _	Received By:			

POSITION	APPL	.IED	FOR
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Title:	
Department:	
Date You Are Available:	

GENERAL INSTRUCTIONS

To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.

HOW DO WE CONTACT YOU

Your application must be received by the office announcing the vacancy by the closing date.

A separate application must be submitted for each vacancy.

All information you submit is subject to verification.

The Town of Raymond hires only those lawfully authorized to work in the United States.

If you require special disability accommodations, notify the Town in advance.

Your Name				
Your Mailing Address				
City	State	Zip Coo	le	
Home Phone	Business Phone	Email		
JCATION				
SCHOOL: Name and Address of School	Received: Diploma	Other (specify)	[None	
EGE, UNIVERSITY OR PROFESSIONAL SCHOO	OL:			
Name and Location of School	Credit Hours Earned	Course of Study	Degree	
RELATED TRAINING OR COURSE WORK			Completed	
			Yes	No

EXPERIENCE

Describe in detail your work experience, beginning with your current employer. Use a separate block to describe each position. Include military service and rank and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as the application. Resumes are acceptable if they provide similar information.

Name of Last or	Present Employer:			
Address:				_Phone Number:
Your Job Title:			_Supervisor's Name:	
	To:	Hours per Week:		
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Duties and Resp	onsibilities:			
				
				
Decem For Log	do a.			
Reason For Leav	mg			
Name of Next Pr	evious Employer:			
Address:				_Phone Number:
Your Job Title: _			_Supervisor's Name:	
From:	To:	Hours per Week:		
Duties and Resp	onsibilities:			
·				
				
Reason For Leav	vina:			
1.5455111 OF LEAV	"'y			

Name of Next Previous Employer:	
Address:	Phone Number:
	Supervisor's Name:
From: To:	Hours per Week:
Duties and Responsibilities:	
Reason For Leaving:	
Name of Next Previous Employer:	
	Phone Number:
Your Job Title:	Supervisor's Name:
From: To:	Hours per Week:
Duties and Responsibilities:	
Reason For Leaving:	

LICENSE - CERTIFICAT	TON NUMBER	DATE RECEIVED	EXPIRATION DATE	LICENSING AGENCY
KNOWLEDGE,	SKILLS, AND AB	ILITIES (KSAs)	List the knowledge, skills, a	and abilities that you will bring to the job. the office or department that is advertising
aetermine what specific r acancy.	NSAS are required for vacant	position, see the applica	bie job description of contact	the office of department that is advertising
	es include: data collection, pr	ocedures of arrest, filing,	computer programming, code	e enforcement, etc.
SKILLS: Examples inclu	de, operation of heavy equip	ment, personal computer	s, job related tools and equip	ment, use of firearms, etc.
ABILITIES: Examples in	clude: Ability to write reports	, deal effectively with pec	ple, solve problems, organize	e work and time, fluency in languages, etc.

CITIZENSHIP	
Are you a U.S. citizen or are legally authorized to work in the U.S.?	[] Yes [] No
NOTE: Proof of citizenship or authorization to work in the United States may be required.	
RELATIVES	
To your knowledge, do you have any relatives currently working for the Town of Raymond?	[] Yes [] No
CERTIFICATION	tations above may diagnalify mo f

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give in this application or in the continuing application process may be subject to verification and investigation. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff and other authorized municipal representatives of the Town of Raymond for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for municipal employment may be public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

any attachments are true, correct, complete, and made in good faith.		
SIGNATURE:	Date:	