



Town of Wells, Maine EMPLOYMENT APPLICATION

RETURN TO:
TOWN OF WELLS
208 Sanford Rd, Wells, Maine 04090
(207) 646-5113 ext. 208
FAX (207) 646-2935
employment@wellstown.org

FOR OFFICIAL USE ONLY

Date Received: _____ Received By: _____

POSITION APPLIED FOR

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.
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 Wells hires only those lawfully authorized to work in the United States.
If you require special disability accommodations, notify the Town in advance.

HOW DO WE CONTACT YOU

Your Name _____

Your Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Email _____

EDUCATION

HIGH SCHOOL:

Name and Address of School _____

Received: Diploma Other (specify) _____ None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

Name and Location of School	Credit Hours Earned	Course of Study	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

JOB RELATED TRAINING OR COURSE WORK

	Completed	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per Week: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

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 Wells?

Yes No

CERTIFICATION

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 Wells 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.

SIGNATURE: _____ Date: _____