



Town Of/Municipalité de
Fort Kent

416 West Main Street, Fort Kent, ME 04743-1040

Phone/Téléphone: (207) 834-3090
(207) 834-3136
Fax/Télécopieur: (207) 834-3126
www.fortkent.org

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, physical/mental disability or protected classification.

POSITION APPLIED FOR

DATE OF APPLICATION

HOW DID YOU LEARN OF THIS OPENING?

PERSONAL DATA

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

TOWN

STATE

TELEPHONE NUMBERS

SOCIAL SECURITY NUMBER

D
DRIVER LICENSE (STATE)

SOCIAL SECURITY NUMBER
CLASSIFICATION

LICENSE NUMBER

ARE YOU A UNITED STATES CITIZEN & RESIDENT OF FORT KENT? YES NO

HAVE YOU EVER WORKED FOR THE TOWN OF FORT KENT? YES NO
If yes, please specify: _____

ARE YOU AWARE OF THE RESPONSIBILITIES OF THIS POSITION? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

ARE YOU WILLING TO PARTICIPATE IN TRAINING PROGRAMS? YES NO

ON WHAT DATE WOULD YOU BE AVAILABLE TO PARTICIPATE? _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER _____ JOB TITLE: _____

TYPE OF BUSINESS: _____

SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER _____ JOB TITLE: _____

TYPE OF BUSINESS: _____

SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER _____ JOB TITLE: _____

TYPE OF BUSINESS: _____

SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

MILITARY SERVICE

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE MILITARY SERVICE, RESERVES, OR NATIONAL GUARDS? YES NO

BRANCH: _____ DATE OF SERVICE: _____

TYPE OF DISCHARGE: _____ HIGHEST RANK ACHIEVED: _____

TYPE OF SPECIALIZED TRAINING: _____

EDUCATION AND TRAINING

HIGH SCHOOL:

NAME OF HIGH SCHOOL	GRADE COMPLETED	DEGREE
_____	_____	_____
_____	_____	_____

IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU RECEIVED A GENERAL EQUIVALENCY DIPLOMA? YES NO

COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL:

NAME OF INSTITUTION	DATES	MAJOR	DEGREE	YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER EDUCATION OR TRAINING OR RELATIVE EMPLOYMENT:

NAME OF INSTITUTION	DATES	TYPE OF TRAINING/CERTIFICATION	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES

APPLICANTS STATEMENT AND CERTIFICATION: This application for membership shall be considered active until the vacancy is filled. Any applicant wishing to be considered for future membership vacancies should inquire as to whether or not applications are being accepted at that time.

I have read and understand the instructions and certify that all answers and statements made on this application and any supplement, are true to the best of my knowledge. I understand that falsified information on this application may result in rejection of my application. I have read the attached copies of Section 11 and/or 12 for local contended ordinances, and will if appertained during my term of office fully abide by such advisor.

SIGNATURE OF APPLICANT: _____ DATE _____