

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:	

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.

Your Name	HOW DO WE CONTACT TOO		Management and Street and Street
Tour Name			
Your Mailing Address			
City	State	Zip Cod	е
Home Phone	Business Phone	Email	
UCATION			
SCHOOL:			
Name and Address of School	Received: Diploma	Other (specify)	None
LEGE, UNIVERSITY OR PROFESSIONAL SCHOO	DL:		
Name and Location of School	Credit Hours Earned	Course of Study	Degree
	Earned		
RELATED TRAINING OR COURSE WORK			
NEEATED TRAINING ON GOOKEE WORK			Completed
			Yes

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:				
	_Phone Number:			
	Supervisor's Name:			
	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 p	er Week:			
Duties and Responsibilities:				
Reason For Leaving:				

Name of Next Previous Employer:				
Address:				
	Supervisor's Name:			
From: To: Hours per Week:				
Duties and Responsibilities:				
1 11 11 11 11 11 11 11 11 11 11 11 11 1				
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:				
Duties and Responsibilities:				
Reason For Leaving:				

	RTIFICATION (Teac	her Certification, Police	Officer Certification, RN, LF	
LICENSE - CERTIFICAT		DATE RECEIVED	EXPIRATION DATE	LICENSING AGENCY
KNOWI EDGE	CKILLE AND ARI	II ITIES (KSAs)	TOTAL CONTRACT AND ADDRESS AND	, and abilities that you will bring to the job. T
determine what specific K	(SAs are required for vacant	nosition see the applica	List the knowledge, skills,	, and abilities that you will bring to the job. I act the office or department that is advertising th
vacancy.	S	* 22	18.0 E	
KNOWLEDGE: Examples	s include: data collection, pro	ocedures of arrest, filing,	computer programming, co	ode enforcement, etc.
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010 AND A				
		0.000.000.000		
CVII I C. Evamples includ	le anacation of boovy equipy	and parsonal compute	ish related tools and only	·af firearmo_ato
SKILLS. Examples includ	de, operation of heavy equipn	nent, personal computer	s, job related tools and equ	ipment, use of lifearms, etc.
(B. 15 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18				
- 10				
ABILITIES: Examples incl	lude: Ability to write reports,	deal effectively with peo	ple, solve problems, organiz	ize work and time, fluency in languages, etc.
4				

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 req	uired.	_
RELATIVES		
To your knowledge, do you have any relatives currently working for the Town of We	ils?	Yes No
CERTIFICATION I am aware that any omissions, falsifications, misstatements, employment consideration and, if I am hired, may be grounds for tent that I give in this application or in the continuing application proconsent to the release of information about my ability, employment schools, law enforcement agencies, and other individuals and or authorized municipal representatives of the Town of Wells for emergencies and other individuals and or authorized municipal representatives of the Town of Wells for emergencies. I certify that to the best of my knowledge and be attachments are true, correct, complete, and made in good faith.	mination at a later date. I understa cess may be subject to verification ent history, and fitness for employanizations to investigators, per aployment purposes. This conser- aplications submitted for municipa	and that any information on and investigation. I oyment by employers, sonnel staff and other nt shall continue to be al employment may be
SIGNATURE:	Date:	