Town of Rumford Human Resources Department 145 Congress Street Rumford, ME 04276 (207) 364-4576; (207) 364-5642 www.rumfordme.org



Employment Application

We consider applic gender, national or any other legally pr	igin, age, disal	oility, marital or ve			
Position Desired:				Date	·
	-time Tem	porary/Seasonal	Day S		nt Shift
Please list any schedu Last Name	ale preferences	s you have: First Name			lle Name
Last Name		First Name		Mide	ne Name
Address A	Jumber	Street	City	State	Zip Code
Telephone Number	(s) Home	Work/Cell	E-ma	iil Address	
Are you at least 18 yo		es No If no, are			
Do you have a work			Yes	No If yes, o	
Have you ever filed a	ın application	with us before?	Yes	No If yes, o	late
Have you ever been o	employed with	us before?	Yes	No If yes, o	late
Where did you learn	about the job	opening?	502	53000	
Are you currently en	nployed?		Yes	No	
May we contact your	nresent empl	over?	Yes	No	

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

ave you ever bee es, please explain.		charged for any othe	er reason? Y	es No If
ducation				
	Name and Address Of School	Course or Major	Graduated	Diploma/Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				
Describe any s	specialized training,	apprenticeship, skil	ls and extra-curr	icular activities

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or other legally protected status.

Employer			Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer			Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving	<u> </u>		
Employer			Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving	· · · · · · · · · · · · · · · · · · ·		
Employer			Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving	1		
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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Additional Information

Other Qualifications	
Summarize special job-related skills and qualifications acquired from emp	loyment or other experience.
D 6	
References	
1.	
(Name)	Dl #
(Name) 2.	Phone #
(Name)	Phone #
3.	
(Name)	Phone #
Applicant's Statement	
Applicant's Statement I certify that all statements made by me on this application are to knowledge and that I have withheld nothing that, if disclosed, w I understand that falsification, misrepresentation, or omission of result in denial of employment or immediate dismissal.	ould affect this application unfavorably.
I certify that all statements made by me on this application are to knowledge and that I have withheld nothing that, if disclosed, we I understand that falsification, misrepresentation, or omission of	ould affect this application unfavorably. facts called for in this application may
I certify that all statements made by me on this application are to knowledge and that I have withheld nothing that, if disclosed, w I understand that falsification, misrepresentation, or omission of result in denial of employment or immediate dismissal. I authorize investigation of all statements contained in this application.	ould affect this application unfavorably. facts called for in this application may cation for employment as may be tions requiring drug and
knowledge and that I have withheld nothing that, if disclosed, w I understand that falsification, misrepresentation, or omission of result in denial of employment or immediate dismissal. I authorize investigation of all statements contained in this appli necessary in arriving at an employment decision. I understand that an offer of employment for positions are supported to the contained in th	ould affect this application unfavorably. facts called for in this application may cation for employment as may be tions requiring drug and