



# EMPLOYMENT APPLICATION

TOWN OF CASTINE  
P.O. BOX 204 • 67 COURT STREET  
CASTINE, MAINE 04421

PHONE (207) 326-4502 • FAX (207) 326-9465 • EMAIL: [townoffice@castine.me.us](mailto:townoffice@castine.me.us)

Town Use Only  
**RECEIVED**  
By \_\_\_\_\_  
Date \_\_\_\_\_

The Town of Castine is an Equal Opportunity Employer

## • APPLICANT

POSITION DESIRED: \_\_\_\_\_ START DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO  
(All applicants that are offered employment must provide documents which establish their identity and employment eligibility.)

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRATION \_\_\_\_\_

HAVE YOU HAD ANY TRAFFIC CONVICTIONS OR ACCIDENTS IN THE LAST THREE YEARS?  YES  NO  
(If YES, please provide date and details of each conviction or accident on a separate sheet and attach to this application.)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?  YES  NO  
(If YES, please provide details including date, charge and disposition of each conviction on a separate sheet and attach to this application. Convictions are not an absolute bar to employment; consideration is given to the offense and its relationship to the position for which you are applying.)

## • EDUCATION

### HIGH SCHOOL

| DO YOU HAVE A DIPLOMA OR G.E.D.<br><input type="checkbox"/> YES <input type="checkbox"/> NO | SCHOOL NAME | LOCATION |
|---|-------------|----------|
|   |             |          |

### TRADE OR TECHNICAL SCHOOL

| NAME | CERTIFICATE OR DIPLOMA | COURSE OF STUDY |
|------|------------------------|-----------------|
|      |                        |                 |
|      |                        |                 |

### COLLEGE OR UNIVERSITY

| NAME | DEGREE OR CREDIT HOURS | MAJOR |
|------|------------------------|-------|
|      |                        |       |
|      |                        |       |

### LICENSES

| LIST ANY PROFESSIONAL LICENSES OR REGISTRATIONS AND PROFESSIONAL MEMBERSHIPS |
|--|
|  |
|  |

- EMPLOYMENT HISTORY** (PLEASE COMPLETE EMPLOYMENT INFORMATION OR ATTACH A RESUME)

**CURRENT OR MOST RECENT EMPLOYER**

|  |        |           |
|--|--------|-----------|
| FIRM NAME  |        | PHONE     |
| ADDRESS  |        |           |
| DATES OF EMPLOYMENT  | FROM   | TO        |
| TITLE  | SALARY | HRS./WEEK |
| DESCRIPTION OF WORK  |        |           |
| SUPERVISOR'S NAME & TITLE  |        |           |
| MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO |        |           |

**NEXT MOST RECENT EMPLOYER**

|  |        |           |
|--|--------|-----------|
| FIRM NAME  |        | PHONE     |
| ADDRESS  |        |           |
| DATES OF EMPLOYMENT  | FROM   | TO        |
| TITLE  | SALARY | HRS./WEEK |
| DESCRIPTION OF WORK  |        |           |
| SUPERVISOR'S NAME & TITLE  |        |           |
| MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO |        |           |

**PAST EMPLOYER**

|  |        |           |
|--|--------|-----------|
| FIRM NAME  |        | PHONE     |
| ADDRESS  |        |           |
| DATES OF EMPLOYMENT  | FROM   | TO        |
| TITLE  | SALARY | HRS./WEEK |
| DESCRIPTION OF WORK  |        |           |
| SUPERVISOR'S NAME & TITLE  |        |           |
| MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO |        |           |

- MILITARY SERVICE**

|                  |         |
|------------------|---------|
| BRANCH           | RANK    |
| DATES OF SERVICE | FROM TO |

- CERTIFICATION**

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSE INFORMATION WILL INVALIDATE THE APPLICATION

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE