

Town of Winthrop 17 Highland Ave Winthrop ME 04364 nshaw@winthropmaine.org

Employment Application (please complete and sign, even if you are attaching a resume)

		Applicant Ir	nforma	ation					
Full Name:						Date:			
	Last	First			M.I.				
Address:									
	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Phone:		E	Email						
Date Available: Social Security No.: Desired Salary:									
Position Applied for:									
YES NO YES NO Are you a citizen of the United States? □ □ If no, are you authorized to work in the U.S.? □ □									
YES NO Have you ever worked for Winthrop?									
YES NO Have you ever been convicted of a crime?									
If yes, expla	in:								
		Educa	ation						
High School	:	Address:							
From:	To:		YES	NO	Diploma:				
College:		Address:_							
From:	To:	_ Did you graduate?	YES	NO	Degree:				
Other:		Address:							
From:	To:	_ Did you graduate?	YES	NO	Degree:				

Please list three professional references.

References

Full Name:	Relationship:
Company:	Dhono
Address:	
Full Name:	
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Previous E	Employment
Company	Dhono
Address	Cupanicar
Address.	
Job Title:	
Responsibilities:	
	Reason for Leaving:
From: To:	
May we contact your previous supervisor for a reference?	YES NO
Company:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	Reason for Leaving:
	YES NO
May we contact your previous supervisor for a reference?	
0	Pharma
Company:	
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	

May we contact your previous supervisor for a reference?	YES	NO							
Military Service									
Branch:		From:	To:						
Rank at Discharge:	Type of Di	scharge:							
If other than honorable, explain:									
Disclaimer and Signature									
Discialiller and	a Signatu	i e							
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release with no notice or liability on the part of the Town of Winthrop.									
Signature:		Date:							