Town of Rangeley 15 School Street Rangeley, ME 04970 207-864-3326 207-864-3578 (FAX)



Name (Last) Address (Mailing Address) (City) (State) (City) (Will Accept: In Part-Time	SENERAL INFORMATION									
Address (Mailing Address) E-Mail Address Are you legally entitled to work in the U.S.? "Yes ¬No OSITION Position Or Type Of Employment Desired Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? "Yes ¬No Date Available Do you have relatives employed with the Municipality? "I Yes I No If yes, please list Name Division Relationship Relationshi		(First)			(Middle Initial)					
E-Mail Address								` ′	` '	
E-Mail Address	Address (Mailing Address)		(City)		(State)	(Zip)				
Position Or Type Of Employment Desired	E-Mail Address		Are	you legally	entitled to	work in the	e U.S.?	1 ' '		
Position Or Type Of Employment Desired Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? LYes LNo Do you have relatives employed with the Municipality? Des No If yes, please list: Name Name Name Name Division Divis	COSTION									
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? LYes LNo Do you have relatives employed with the Municipality? LYes LNO If yes, please list: Name					LVACU			1 11210 11	··· ··································	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? D'Yes DNO Date Available Date A	Position Or Type Of Employment Desired			□F	□Part-Time		volunte	ered for the Municipality?		
Do you have relatives employed with the Municipality?					וו ן				To:	
If yes, please list: Name Name Name Name Division Please No. & State of Issuance: Division Please No. & State of Issuance: Division Please No. & State of Issuance: Class: Endorsements: Endorsements: Endorsements: Date					Date					
Name Division Division Division Relationship Relationshi	Do you have relatives employed with the M	unicipality?	□ No							
Name	If yes, please list:									
Name	Name				Division		Re	lationsh	in	
Name	Name			[Division		_ Re	Relationship		
Please list other names you have used: Have you had any traffic convictions or accidents in the last three years? □ Yes □ No If yes, please list: Conviction or Accident □ Date □ Dat					Division	ionRelationship		ip		
Have you had any traffic convictions or accidents in the last three years?	Driver's License No. & State of Issuance:			C	Class:		Ex	piration:		
Have you had any traffic convictions or accidents in the last three years?										
If yes, please list: Conviction or Accident Date Date Conviction or Accident Date Date Conviction or Accident Date Conviction or Accident Date Date Conviction or Accident Date Date Conviction or Accident Date Date Date Oredits Earned Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other Other On Date Other On Subject Or	Please list other names you have used:			E	ndorsement	S:				
Conviction or Accident	Have you had any traffic convictions or acci	idents in the last thre	ee years?	s 🗆 No						
Conviction or Accident	If yes, please list:									
Conviction or Accident	Conviction or Accident				Date					
DUCATION AND TRAINING High School Graduate Or General Education (GED) Test Passed?	Conviction or Accident									
High School Graduate Or General Education (GED) Test Passed?	Conviction or Accident			Date_	Date					
High School Graduate Or General Education (GED) Test Passed?										
High School Graduate Or General Education (GED) Test Passed?										
High School Graduate Or General Education (GED) Test Passed?										
High School Graduate Or General Education (GED) Test Passed?										
College, Business School, Trade School, Military (Most recent first) Name and Location										
Dates		cation (GED) Tes	t Passed? □Y	es □No						
Name and Location Attended Month/Year Attended Month/Year From To	College, Business School, Tra	ade School, M	lilitary (Mos	st recent	first)					
Name and Location Attended Month/Year From To		Dates		s Earned						
From □Yes To □No From □Yes To □No From □Yes To □No From □Yes From □Yes	Name and Location	Attended	Semester			aduate				
From □Yes To □No From □Yes To □No From □Yes		From				r'es				
To □No From □Yes To □No From □Yes		То	1							
To □No From □Yes To □No From □Yes		From				res				
To DNO Yes		То	-			_				
To DNO Yes		From		+		Yes				
From □Yes			-							
		То	-							

	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than	English		
ETERAN INFORMATION (Most recent)			
Branch of Service		Date of Entry	Date of Discharge
KILLS OVERVIEW (List all pertinent skills and e	equipment that you car	operate)	
(Maximum 1000 characters)			
ORK EXPERIENCE (Most Recent First) (Include v	oluntary work and militar	y experience)	
Employer	Telephone Number	er () -	From (Month/Year)
Address			
Job Title	Number Employee	es Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)	·		
			Hours Per Week
			Supervisor
Reason For Leaving		May We Contact	
			t This Employer? Yes No
Employer	Telephone Number	er () -	t This Employer? Yes No
Employer Address			From (Month/Year)
Address Job Title	Number Employee		
Address			From (Month/Year)
Address Job Title			From (Month/Year)
Address Job Title			From (Month/Year) To (Month/Year)
Address Job Title			From (Month/Year) To (Month/Year)
Address Job Title			From (Month/Year) To (Month/Year)
Address Job Title			To (Month/Year) Hours Per Week
Address Job Title			From (Month/Year) To (Month/Year)
Address Job Title		es Supervised	From (Month/Year) To (Month/Year) Hours Per Week Supervisor
Address Job Title Specific Duties (Maximum 1000 characters)		es Supervised May We Contact	From (Month/Year) To (Month/Year) Hours Per Week Supervisor
Address Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving	Number Employed	es Supervised May We Contact	From (Month/Year) To (Month/Year) Hours Per Week Supervisor t This Employer? Yes No
Address Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Number Employed	May We Contacter () -	From (Month/Year) To (Month/Year) Hours Per Week Supervisor t This Employer? Yes No
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Address Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Number Employed	May We Contacter () -	From (Month/Year) To (Month/Year) Hours Per Week Supervisor This Employer? Yes No From (Month/Year) To (Month/Year) Hours Per Week

Employer	Telephone Nu	mber () -	From (Month/Year)
Address	1	\ /	-
Job Title	Number Empl	oyees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)			
			Hours Per Week
			Superviser
			Supervisor
Reason For Leaving		May We Conta	act This Employer? Yes No
REFERENCES		ina, iro com	
Name	Occupation	Address	Home Phone:
			Work Phone:
Name	Occupation	Address	Home Phone:
			Work Phone:
Name	Occupation	Address	Home Phone:
			Work Phone:
certify the information contained in this applic	ation is true, correct, and	l complete. I understan	d that, if employed.
alse statements reported on this application m	ay be considered sufficie	ent cause for dismissal.	
Signature of Applicant		Data	
orginature of Applicant		Date	
nterviewer's Comments:			

Office of:

Selectmen Town Manager Code Enforcement Officer Parks & Recreation Telephone 207-864-3326 Fax: 207-864-3578 Office of: Tax Collector Town Treasurer Town Clerk Assessor

TOWN OFFICE 15 School Street Rangeley, Maine 04970

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I,, do l full disclosure of all records, or any part the confidential in nature.	hereby authorize representatives of thereof, concerning myself, whether		
The intent of this authorization is to give a employment and pre-employment records grievances filed by or against me, wherever violations of the law, including criminal a wherever located.	, including background reports, suffer filed, records of arrests, trial and/o	ciency ratings, complain or convictions for allege	ints or ed or actual
It is the intent of this authorization to provpersonal life, for the specific purpose of p the Town of Rangeley, to consider in dete specific intent to provide access to person the sources of information specifically enterprise specifically mentioned herein.	ursuing a background investigation, rmining my suitability for employm al information, however personal or	which may provide per ent by that department. confidential it may app	tinent data for It is my ear to be, and
I understand that the Town of Rangeley winvestigation, which is developed directly determining my suitability for employmer grant this authorization will not, of itself,	or indirectly, in whole or in part, up at. I have had this explained to me an constitute a basis for rejection of my	on release authorization of fully understand that application.	n in the refusal to
Signature:		Date://	
Address:			
DOB:/	Social Security #:		
State of			
The foregoing instrument was acknowledge	ged before me on this day of	of	, 20, at
by		to be his/her free ac	et and deed.
Signature Notary Public, State of Printed Name: My Commission Expires			