

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

Town of Lebanon
15 Upper Guinea Rd
Lebanon, Me. 04027
207-457-6082

Resumes may be attached, but will not be accepted in lieu of a completed application.

Job Data			
Job Title:		Date you will be available for employment:	
Job Posting No:			
Personal Data			
Name: Last:		First:	Middle:
Address:			
City:		State:	Zip:
Phone#	Days:	Evenings:	Alternate:
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No			
Date of birth (if less than 18):			
Have you ever worked or volunteered for the Municipality? Yes No			
If yes, please give dates:			
Do you have any relatives employed with the Municipality? Yes No			
If yes, please list:			
Name	Division	Relationship	
Name	Division	Relationship	
Name	Division	Relationship	
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 list:			
Conviction or Accident		Date	
Conviction or Accident		Date	
Conviction or Accident		Date	
Conviction or Accident		Date	
Commercial Driver's License No. & State:		Class:	Endorsements
			Expires:
Please list other names you have used:			
Have you been convicted of any crime? Yes No If yes, please give details including dates, charges, and disposition. 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.			

Employment Application

We are an Equal Opportunity Employer

Employment History <i>Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application</i>			
Current or most recent employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Present/Ending:		Hours per week:
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			
Employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:		Hours per week:
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			
Employer:			Phone:
Address:			
Your Title:			
Employment Dates	From:	To:	
Supervisor's name/title:			
Starting Salary:	Ending:		Hours per week:
Work Performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? Yes No			