

**TOWN OF BETHEL**  
**PO BOX 1660 BETHEL, ME 04217**  
**(207) 824-2669 \* FAX (207) 824-3355**

**APPLICATION FOR EMPLOYMENT**

**POSITION APPLYING FOR:** \_\_\_\_\_

**Instructions to Applicants:** (1) Type or print in ink. (2) Answer each question clearly and completely. (3) ALL statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

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

*(Please print)*

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

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE #: (home) ( ) \_\_\_\_\_ (cell): ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

How did you hear about this opening?

Advertisement                  Friend/Relative                  Walk-in                  Other

Have you ever been employed by the Town of Bethel?          Yes                  No

If yes, give the Department and dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Give the name and relationship of any present Town Employee related to you: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you employed now?                                  Yes                  No

May we contact your present employer?                  Yes                  No

**EDUCATION AND TRAINING**

Highest grade completed: \_\_\_\_\_ Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Colleges or Universities attended	No. years attended	Major Subjects	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business, Trade or Correspondence Schools  
\_\_\_\_\_  
\_\_\_\_\_

Skills possessed: (i.e., computer, equipment operation, mechanical)

Special Licenses: (Check appropriate categories :)

ME Class #1 Driver's License #: \_\_\_\_\_ Class \_\_\_ License#: \_\_\_\_\_ Other: \_\_\_\_\_

List below, in order, the positions which you have held. Include any periods served in the Military. Show your present or most recent job first. Under "Description of Duties", list kind of work responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed:

From: \_\_\_\_\_ To: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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The Town of Bethel is an Equal Opportunity Employer. This statement of policy means the Town is committed to providing equal employment opportunity for the participation of all qualified persons in the job classifications without regard to race, color, sex, marital status, age, religion, national or ethnic origin, physical or mental disability, veteran status, sexual orientation, gender identification, or any other protected class under federal and/or state law.

**Applicant's Certification and Agreement -PLEASE READ CAREFULLY.**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant: \_\_\_\_\_

Date signed: \_\_\_\_\_