

Skowhegan Parks & Recreation Department

Employment Application

Location: 39 Poulin Dr / Mailing: 225 Water St

Skowhegan, ME 04976

Phone: 474-6901/Fax: 474-6913

skowrec@skowhegan.org

Name: _____ Social Security # ____ - ____ - ____ Date of Birth _____

Mailing Address: _____ Driver's License# _____

Home Phone# _____ Cell # _____ Email: _____

Position(s) applied for _____

Full Time: _____ Part Time: _____ Specific Days & Hours _____

Were you previously employed by us? _____ If yes when? _____

If your application is considered favorably, when will you be available for work? _____

Emergency Contact: _____ Phone# _____

Are there any other experiences, skills, or qualifications that you feel would especially fit you for work with the Town? _____

Education History

School	Name & Address	Years Completed	Degree Earned
High			
Vocational			
College			

Employment History

Name & Address	Start - Finish	Job Description	Reason for leaving

References: (Please list three)

- | | Name & Address | Phone # | Occupation |
|----|----------------|---------|------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Any Full time position, for which you have applied, requires that if selected for the employment or placed on a roster of eligibility, you must submit to a substance abuse test and receive a negative result before being employed. Each person being tested will receive a copy of the Town of Skowhegan's Substance Abuse testing Policy for applicants only approved by the State of Maine.

A copy of the Town of Skowhegan's written policy concerning substance abuse testing approved by the State of Maine is available for review from Human Resources.

I hereby certify that the information provided by me on this application is correct and complete to the best of my knowledge and belief. I acknowledge that any false or misleading statement of fact or material omission from my application may result in immediate dismissal if employed, or in the case of an applicant, may result in refusal of employment.

I have read and understand the Town of Skowhegan's statements and conditions of any job offer that may be made to me. I authorize the Town of Skowhegan to verify any of the information contained in this application.
Signature: _____ Date: _____