



Town of Paris Maine

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application: _____

Position(s) Applied for: _____

Referral Source: _____Advertisement _____Friend _____Relative _____Walk-In
_____Employment Agency Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Telephone: _____

Are you a U.S. citizen? _____Yes _____No If naturalized, state date & place _____

E-mail Address: _____

Spouse's Name: _____ Number of dependents at home: _____

Are you over the age of 18? _____Yes _____No

Have you filed an application here before? _____Yes _____No If yes, give date: _____

Have you ever been employed here before? _____Yes _____No If yes, give date: _____

Are you employed now? _____Yes _____No May we contact present employer? _____Yes _____No

Do you possess a valid driver's license? _____ Yes _____ No If yes, what class? _____

Are you available to work? _____Full-Time _____Part-Time _____Shift Work _____Temporary?

Are you on a lay-off and subject to recall? _____Yes _____No

On what date would you be available for work? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Work Performed: _____

Reason for Leaving: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

Town of Paris

Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize the **Town of Paris** to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the **Town of Paris** in collecting this information. Validity Screening Solutions has been secured as a third-party vendor (consumer reporting agency) to assist the **Town of Paris** in collecting and verifying information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for the **Town of Paris** students, employees, and other University community members.

Position(s) Applied for: _____

Town of Paris Department: _____

Please print (for identification purposes):

Full Legal Name: _____
First Middle Last

Driver's License #: _____ Expiration: _____ Date of Birth: _____

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____

Please List Three Personal References:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____