



## APPLICATION FOR EMPLOYMENT

Mail To:

Human Resources Department  
Freeport Town Hall  
Freeport, ME 04032  
(207) 865-4743 // (207) 865-0929 (fax)

Email: [csparks@freeportmaine.com](mailto:csparks@freeportmaine.com)

**Thank you for your interest in employment with the Town of Freeport.**

**The Town of Freeport is an equal opportunity employer and service provider that celebrates diversity and is committed to creating an inclusive environment for our employees and those we serve.**

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you legally eligible to work in the U.S.? ☐ YES ☐ NO

Do you hold a valid driver's license? ☐ YES ☐ NO

Have you ever worked for the Town of Freeport? ☐ YES ☐ NO

If yes, which department and when? \_\_\_\_\_

How did you learn about the position for which you are applying? \_\_\_\_\_

If a Town employee referred you, list name of employee: \_\_\_\_\_

## EDUCATION

Do you have a high school diploma or equivalent? (GED) ☐ YES ☐ NO

### Special Training or Education Beyond High School

Name of School/Location	Major Course	Credit Hours Completed	Type of Degree/ Date Received

## EMPLOYMENT HISTORY

In the spaces below, list the specific tasks and responsibilities included in your work history, beginning with your most recent employment. If you have a long history of employment, be sure to list those jobs which best relate to the position for which you are applying. Employment verifications may be made regarding your experience. Please note if you do not want your present employer contacted (use additional pages as needed).

Starting Date:	Ending Date:	Hours per Week:	Your Title:
Present or Last Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/Address & Phone:		Supervisor - Name & Title:	
Reason for Leaving:			
Duties (be specific):			

Starting Date:	Ending Date:	Hours per Week:	Your Title:
Present or Last Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/Address & Phone:		Supervisor - Name & Title:	
Reason for Leaving:			
Duties (Be specific):			

Starting Date:	Ending Date:	Hours per Week:	Your Title:
Present or Last Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/Address & Phone:		Supervisor - Name & Title:	
Reason for Leaving:			
Duties (Be specific):			

- Please explain any gaps in your work history:
- List any experiences and/or skills that you feel would qualify you for this position:
- List any professional registrations, licenses, or other occupational certificates (list the number if applicable):
- List completed and relative seminars, workshops, or training (excluding formal education):
- List membership(s) in any technical/professional association:

## EMPLOYMENT REFERENCES

Please list work references. If not applicable, please list school or personal references that can attest to your capabilities. Do not include relatives.

Name/Title	Relationship	Email	Phone

### Signature of Applicant

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. I understand that a false or incomplete answer may be grounds for not employing me or dismissing me after I have begun work. I understand that all the information contained in this application may be subject to verification.

I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, within the probationary period.

*By checking this box, I acknowledge and agree that this action constitutes my legal signature, affirming my understanding and acceptance of the terms and conditions set forth. This electronic signature carries the same weight and authority as a handwritten signature.*

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

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