



**TOWN OF DOVER-FOXCROFT**  
 48 MORTON AVE., SUITE A  
 (207)564-3318  
 Fax (207)564-3621  
 Website: [www.dover-foxcroft.org](http://www.dover-foxcroft.org)

**EMPLOYMENT APPLICATION FORM**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Last Name:		First Name:		Middle Name:
Address:				
City:	State:	Zip Code:	Telephone Number:	

Are you authorized to work in the United States? \_\_\_\_\_

Proof of citizenship or immigration status will be required upon employment.

Are you under age 18yrs? Yes \_\_\_ No \_\_\_ If "yes" can you provide proof of your eligibility to work? Yes \_\_\_ No \_\_\_

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date available to work: \_\_\_\_\_

Were you previously employed by us? Yes \_\_\_ No \_\_\_

What position? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION RECORD**

Names and addresses of Schools	Major	Degree or Certificate	Graduate Yes or No
High School			
College			
Graduate or other Schools			
Continuing Education			

**EMPLOYMENT RECORD**

Give names and addresses of employers beginning with your present or most recent employer. Include any military service assignments. Also include job-related volunteer activities. *(Please exclude organizations which would reveal race, color, religion, gender, sexual orientation, national origin, age, ancestry, disability or other protected status.)*

Employer’s Name:	
Address:	
Dates of Employment: Start Date: (mm/yy) <span style="float:right">End Date: (mm/yy)</span>	
Supervisor’s name:	Supervisor’s phone number:
Title and specific duties/responsibilities: (Indicate “See Resume” if applicable):	
Reason for Leaving:	

Employer’s Name:	
Address:	
Dates of Employment: Start Date: (mm/yy) <span style="float:right">End Date: (mm/yy)</span>	
Supervisor’s name:	Supervisor’s phone number:
Title and specific duties/responsibilities: (Indicate “See Resume” if applicable):	
Reason for Leaving:	

Employer’s Name:	
Address:	
Dates of Employment: Start Date: (mm/yy) <span style="float:right">End Date: (mm/yy)</span>	
Supervisor’s name:	Supervisor’s phone number:
Title and specific duties/responsibilities: (Indicate “See Resume” if applicable):	
Reason for Leaving:	

**PROFESSIONAL REFERENCES (Not Relatives)**

Name and Occupation	Address	Phone Number

**PROFESSIONAL ASSOCIATIONS**

List any memberships in professional organizations. *(Please exclude organizations which would reveal race, color, religion, gender, sexual orientation, national origin, age, ancestry, disability, or other protected status).*


**COMPUTER EXPERIENCE**

What software can you use?	
Word Processing:	Typing Speed:
Spreadsheet:	
Database:	
Other:	
Office Equipment:	
What business Machines can you operate?	

**PERSONAL INFORMATION**

Have you ever been convicted of a crime, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.  
*An affirmative response will not automatically disqualify you from being considered as a candidate for employment.*

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**ADDITIONAL INFORMATION**

Please use this space to provide any additional information which you believe could qualify you for employment with the Town of Dover-Foxcroft.

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I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any false or misleading information given in my application or interview, or any omission of requested information, may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand the filing of an application does not guarantee employment. I will be expected to meet the established employment standards which will include satisfactory references, the ability to perform the position requirements, and the satisfactory performance thereof.

I understand and acknowledge that any employment relationship with this organization is of an “at will” nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed unless such change is specifically acknowledged in writing by the Town Manager of this organization.

I authorize the Town of Dover-Foxcroft to conduct a thorough investigation of my past/current employment and/or education listed above. This includes the results of a criminal background check, motor vehicle driving record check and consumer credit check. I release from all liability or responsibility the Town of Dover-Foxcroft or its agents for requesting and all persons, companies, and corporations for supplying such information.

I hereby acknowledge that I have read, understand and accept the above conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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The Town of Dover-Foxcroft considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, or any other legally protected status.