



City Building
11 Church St., P.O. Box 413
Calais, ME 04619
207-454-2521
207-454-2757
www.calaismaine.org

EMPLOYMENT APPLICATION

POSITION APPLIED FOR _____

HOW DID YOU HEAR OF THIS OPENING? _____
Use an additional sheet if necessary

PERSONAL DATA

NAME: _____
First M.I. Last

PRESENT ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER: _____ HOW LONG AT PRESENT ADDRESS _____

WORK FOR CITY BEFORE? _____ NO _____ YES

PREVIOUS JOB TITLE _____ REASON FOR LEAVING? _____

LIST ANY FRIENDS/RELATIVES NOW WORKING FOR CITY _____

HAVE YOU EVER BEEN BONDED? _____ NO _____ YES _____ WHEN/HOW LONG

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME (including maiden name)? _____ NO _____ YES

PLEASE SPECIFY _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ NO _____ YES

LICENSE # _____ STATE: _____ CLASS: _____

Optional: Ethnicity (Check one or leave blank)

- White Black or African American Native American/Alaskan Native Asian Hawaiian or Other Pacific Islander Other

An Equal Opportunity Employer and Provider

"In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, nation origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 (voice) or 202-720-6382 (TDD) USDA is an equal opportunity provider and employer.



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COMPANY NAME _____ JOB TITLE _____
ADDRESS _____ DUTIES _____
CITY/STATE/ZIP _____
SUPERVISOR _____
FROM _____ TO _____ REASON FOR LEAVING _____
FINAL SALARY _____ PER _____

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ADDRESS _____ DUTIES _____
CITY/STATE/ZIP _____
SUPERVISOR _____
FROM _____ TO _____ REASON FOR LEAVING _____
FINAL SALARY _____ PER _____

COMPANY NAME _____ JOB TITLE _____
ADDRESS _____ DUTIES _____
CITY/STATE/ZIP _____
SUPERVISOR _____
FROM _____ TO _____ REASON FOR LEAVING _____
FINAL SALARY _____ PER _____

MAY WE CONTACT ANY OR ALL EMPLOYERS? _____ NO _____ YES
IF NO, PLEASE SPECIFY _____
SIGNATURE _____

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