### APPLICATION FOR EMPLOYMENT TOWN OF WINDSOR

All applicants will be considered without regard to race, religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an equal opportunity employer.

PERSONAL	(Please Print)		Date/	/
Name	Soc. Sec. #			
Address				
Telephone No	Referred by:	Our ad	_ Friend or Relative	Walk-in
Are you over 18 yea	ars of age? Yes N	No. If no, a wo	rk permit will be req	uired.
Are you legally elig	ible for employment in the I	United States?	Yes No	
Position applied for			Full-time 1	Part-time
Mon Tues Wed Thu	lays/hours available to worktotototo ble to start work:	Fri Sat Sun	to to	_
If hired, will you wo	ork overtime if required?	Yes	No	
Have you worked fo	or us before? If Yes	s, when?		
If yes, list convictio	convicted of a crime other ons: (A conviction does not sed for.)	necessarily dis	qualify an applicant	
_	ent Maine Driver's License? pe? Class A C		_	
	for a Public Works related jost ilicense is required with yo	1 0 0		

be performed by the Town.

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### **EDUCATION** (Please provide name and location of school)

Elementary	Years co	ompleted		
High School	Years co	ompleted	Graduated?	
College	Years co	ompleted	Graduated?	
If college education, what was yo	our course of study?			
If college education, what is your	degree?			
Other	Degree?			
Indicate special qualifications or	skills:			
EMPLOYMENT HISTORY (	Start with your most rece	nt employer)		
Are you presently employed?	Yes No			
Employer:Address:		_ Position:		
Supervisor's Name: Starting salary/wage:	Final salary/wage:			
Employer:Address:		_ Position:		
Supervisor's Name:Starting salary/wage:	Final salary/wage:			
Employer:Address:		_ Position:		
Supervisor's Name:Starting salary/wage:Reason for leaving:				

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#### MILITARY SERVICE

Branch of Service	From to
Rank & Duties	Date Discharged
PERSONAL REFERENCES	
Name	Years Known
Address	Tel
Name	Years Known
Address	Tel
Name	Years Known
Address	Tel
by the Town, any misrepresentation for possible dismissal. The Comp from the references I have listed, personal history and I release all	complete to the best of my knowledge. Should I be employed on or false statement contained herein may be considered cause any has my permission to obtain all necessary information or any other sources, concerning my prior employment, or parties from any possible damages resulting from disclosing prior written notice to me. I understand this application does tract of any kind.
Date:	Signature of Applicant: