Please mail or bring your completed application to:

Town of Turner 11 Turner Center Road Turner, ME 04282

Resumes may be attached, but will not be accepted in lieu of a completed application.							
Job Data							
Job Title:			Date you will b	e available f	or employme	ent:	
Job Postin	g No:						
Persona	I Data	- 41 a a a					
Name: L	ast:	Fi	rst:		Middle:		
Address:							
City:		State:		Zi	Zip:		
Phone#	Days:	Evenings:		Al	Alternate:		
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No							
Date of bir	th (if less than 18):						
	ever worked or volunteered for the Mu se give dates:	nicipality?	Yes No				
Do you hav	ve any relatives employed with the Mun	icipality?	Yes No				
If yes nlea	se list						
If yes, please list: Name Division Relationship							
		ision					
Name	•						
Driver's L	icense No. & State:		Class:		Expirat	ion:	
Have you had any traffic convictions or accidents in the last three years? Yes No							
If yes, please list:							
Conviction or Accident Date							
Conviction or Accident Date							
Conviction	Conviction or Accident Date						
Conviction or Accident Date							
Commerci	al Driver's License No. & State:		Class:	Endorseme	nts	Expires:	
Please list other names you have used:							
Have you been convicted of any crime? Yes No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.							

Employment Application

We are an Equal Opportunity Employer

Education Note: Complete this application in its entitlieu of a completed application.	rety, incomplete applica	ations will not be ac	ccepted. Resumes may l	be attached, but will i	not be accepted in		
Did you graduate from High School or do you have a G.E.D.? Yes No			High School Name: Location:				
Name of School, College(s) or University	Maj	jor	Credit Hours	Degree*			
*Proof of degrees from College/University obtained will be	e required upon hire.						
Name of Trade/Technical/Busing or Other School(s) Attended	Diploma Course of Study						
List other licenses held (date & #), professiona	al registrations (da	ate), certificate	s and professional	memberships:			
List Honors, Awards, Fellowships:							
Skills Overview							
Approximate Typing Speed in words per minute:							
List computer software with which you are familiar:							
Fluent in a language other than English: Yes No	Language(s):		Speak:	Read:	Write:		
Please summarize relevant skills and experience that exemplify your qualifications for the above position:							
Tools and machines you can use and operate:							
Light or heavy motor vehicle equipment you can operate:							
Summarize Volunteer Services work including dates:							

Summarize Leadership Roles:

Employment Application

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Employment History Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes						
may be attached, but will not be accepted in lieu of a completed application Current or most recent employer:				Phone:		
Address:						
Your Title:						
-	т — — —					
Employment Dates	From:		To:			
Supervisor's name/title:		<u></u>		Ť		
Starting Salary:		Present/Ending:		Hours per week:		
Work Performed:						
Reason for leaving:						
May we contact this employer	if you are conside	red for the position? Yes	No			
Employer:				Phone:		
Address:			"			
Your Title:						
Employment Dates	From:		To:			
Supervisor's name/title:						
Starting Salary:		Ending:		Hours per week:		
Work Performed:						
Reason for leaving:						
May we contact this employer if you are considered for the position? Yes No						
Employer:				Phone:		
Address:						
Your Title:						
Employment Dates	From:		То:			
Supervisor's name/title:						
Starting Salary: Ending: Ho				Hours per week:		
Work Performed:						
Reason for leaving:						
May we contact this employer if you are considered for the position? Yes No						

Employment Application

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				ete applications	will not be accepted. Resumes
may be attached, but will not be accepted in lieu of a completed application. Employer:					Phone:
Address:					
Your Title:					
Employment Dates	From:			To:	
Supervisor's name/title:					
Starting Salary:		Ending:			Hours per week:
Work Performed:					
Reason for leaving:					
May we contact this employer i	f you are consider	ed for the position	? Yes	No	
Employer:					Phone:
Address:					
Your Title:					
Employment Dates	From:			To:	
Supervisor's name/title:	7				
Starting Salary:		Ending:		Hours per week:	
Work Performed:					
Reason for leaving:					
May we contact this employer if you are considered for the position? Yes No					
Military Service					
Have you ever served on active	duty in the U.S. a	rmed forces?	Yes N	0	
Dates: From:			То:		
Branch:					
Primary Duties:					

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, subject to the Town of Turner Human Resources Policy.

I authorize the Town of Turner 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 Turner or its agents for requesting and all persons, companies, and corporations for supplying such information.

Applicant Signature	 Date	

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

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