Please mail or bring your completed application to:

Town of Buxton Buxton Municipal Office 185 Portland Road Buxton, ME. 04093

Resumes may be attached, but will not be accepted in lieu of a completed application.

Job Data		***************************************			***************************************		
Job Title:	Date you will be available for employment:						
Job Posting No:				***************************************		······································	
Personal Data							
Name: Last:	First:			***************************************	Mido	ile:	
Address:					~~~		***************************************
City:	State:		Zip:				
Phone# Days:	Evenings:				Alter	nate:	
All applicants who are offered employment in eligibility for authorization to work in the U.S.	nust provide do Do you have a					identity ar Yes	nd employmen No
Date of Birth (if less than 18):				**************************************	-4	.4	Anti-track and the second seco
Have you ever worked or volunteered for the M	Iunicipality?		Yes		No		
If yes, please give dates:							
Do you have any relatives employed with the M If yes, please list:	funicipality?		Yes		No		
Name	Division			Relation	nship		
Name	Division			Relation	nship		
Name	Division	elikadakan anakan mangupa yang	***************************************	Relation	nship		
Driver's License No. & State:	Class:				Expira	tion:	Victoria de la constanta de la
Have you had any traffic convictions or accident	ts in the last thre	e years?		Yes		No	
If yes, please list:							
Conviction or Accident		Date					
Conviction or Accident		Date					
Conviction or Accident		Date					
Conviction or Accident		Date					
Commercial Driver's License No. & State:	Class:		Endorse	ments:		Expires:	
Please list other names you have used:							
Have you been convicted of any crime? charges, and disposition. Convictions are not are to relationship to the position for which you are	n absolute bar to	No employ	If yes, ment. C	please Consider	give of ation is	details inc given to th	luding dates, ne offense and

Education (complete this application in its entirety, is in lieu of a completed application.)	ncomplete applications will no	t be accepted. R	Resumes may be attache	ed, but will not be accep
Did you graduate from High School or do	you have a G.E.D.?	Yes 1	No High Scho	ool Name:
			Location:	
Name of School, College(s) or University	Major	(Credit Hours	Degree*
*proof of degrees from college/University obtained	I will be required upon hire	2.		
Name of Trade/Technical/Business				
Or Other School(s) Attended	Course of Study		Diploma	
List other licenses held (date & #), professional regi	strations (date), certificates	and profession	nal memberships:	
Skills Overview				
Approximate Typing Speed in words per minute:				
List computer software with which you are familiar	:			
Fluent in a language other than English:	Language(s):	Speak:	Read:	Write:
Yes No				
Please summarize relevant skills and experience that	t exemplify you qualification	ons for the abo	ve position:	
Tools and machines you can use and operate:				
Light or heavy motor vehicle equipment you can ope	erate:			
Summarize Volunteer Services work including dates:				
was mending dates				
ummarize Leadership Roles:		-		
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plete applications will not be	Phone: Hours per week: Hours per week:
To: ary: on? Yes Phone: To:	Hours per week: No
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Name:

Employment History continued: (complete this application in its entiret but will not be accepted in lieu of a completed application.)	ety, incomplete applications will not be accepted. Resumes may be atta	ched,
Current or most recent employer:	Phone:	
Address:	I HOTIC,	
Your Title:		
Employment Dates From:	То:	~
Supervisor's Name/Title:		
Starting Salary: Present/Ending salary:	Hours per week:	
Work Performed:		
Passan for lawing		
Reason for leaving:		
May we contact this employer if you are considered for the position?	? Yes No	
Current or most recent employer:	Phone:	
Address:	THORE.	
Your Title:		
Employment Dates From:	То:	***************************************
Supervisor's Name/Title:		
Starting Salary: Present/Ending salary:	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. armed forces:	Yes No	
Dates: From:	To:	
Branch:		
Primary Duties:		

Date: