



TOWN OF MADAWASKA
328 St. Thomas Street Suite 101, Madawaska, Maine 04756
207-728-6351

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Are you older than 18? _____ yes _____ no If not, Birth Date: _____

Are you a U.S. Citizen? _____ yes _____ no

If the previous answer was no, are you lawfully able to work in this country? _____

Please indicate what days and hours you are available for work by circling all that apply:

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday Anyday

Daytime Afternoon Evening Anytime

Do you have a clean Class C driver's license? _____

Applicants whose driving records reflect offenses or patterns of serious traffic violations may be disqualified from this position.

Position applied for: _____

EDUCATION:

Please list the name of the school(s) you have attended, the years attended, and degree obtained:

Name of School: _____

Address: _____

Name of School: _____

Address: _____

Name of School: _____

Address: _____

From: _____ To: _____

Degree/Diploma _____

From: _____ To: _____

Degree/Diploma _____

From: _____ To: _____

Degree/Diploma _____



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Please list any additional skills you may have:

WORK EXPERIENCE

Please list the name and address of the companies you have employed with, the name of the supervisor, a correct phone number for the company, the dates of employment, and your reason for leaving the company.

Name of Company: _____	From _____ To _____
Address: _____	Phone # _____
Name of Supervisor: _____	Wage Received: _____
Name of Company: _____	From _____ To _____
Address: _____	Phone # _____
Name of Supervisor: _____	Wage Received: _____
Name of Company: _____	From _____ To _____
Address: _____	Phone # _____
Name of Supervisor: _____	Wage Received: _____
Name of Company: _____	From _____ To _____
Address: _____	Phone # _____
Name of Supervisor: _____	Wage Received: _____

US Military: ____ Yes ____ No

If yes, which branch _____ When _____

REFERENCES:

Please list the names and correct phone numbers of references below:



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I certify by signing below that the information contained in the application is true and correct to the best of my knowledge. Also, by signing below, I authorize the Town of Madawaska to contact the necessary individuals, companies, and or state/federal agencies to verify the information contained in this application.

Applicant's Signature: _____
Dated: _____

Please be advised that all applications will remain on file for a period of (1) one year. Applications may be mail to:

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The Town of Madawaska is an equal opportunity employer.