



**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: _____	From: _____ To: _____
Address: _____	Degree/Diploma _____
Name of School: _____	From: _____ To: _____
Address: _____	Degree/Diploma _____
Name of School: _____	From: _____ To: _____
Address: _____	Degree/Diploma _____



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Please list any additional skills you may have:

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**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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\_\_\_\_\_  
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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:

Town of Madawaska  
328 St Thomas Street, Suite 101  
Madawaska, Maine 04756

The Town of Madawaska is an equal opportunity employer.