

ATTENTION APPLICANT

The following information is required to process your application:

1. Cover Letter
2. Resume
3. Copy of Alert Score
4. Copy of Valid Drivers license

APPLICATION FOR EMPLOYMENT

TOWN OF GORHAM
POLICE DEPARTMENT
270 MAIN STREET
GORHAM, MAINE 04038

School Name & Address Course of Study Years Completed Diploma/Degree

High School

College

Graduate

Other

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience:

EMPLOYMENT EXPERIENCE

Employer:

Name: _____

Address: _____

Phone #: _____

Title of Position: _____

Description of Duties:

Name of your Supervisor:

Employed From: _____ To: _____

Number of hours worked per week: _____

Reason for leaving:

Employer:

Name: _____

Address: _____

Phone #: _____

Title of Position: _____

Description of Duties:

Name of your Supervisor:

Employed From: _____ To: _____

Number of hours worked per week: _____

Reason for leaving:

Employer:

Name: _____

Address: _____

Phone #: _____

Title of Position: _____

Description of Duties:

Name of your Supervisor:

Employed From: _____ To: _____

Number of hours worked per week: _____

Reason for leaving:

EMPLOYMENT REFERENCES

- 1. Name: _____
Address: _____
_____ Phone #: _____

- 2. Name: _____
Address: _____
_____ Phone #: _____

- 3. Name: _____
Address: _____
_____ Phone #: _____

PERSONAL REFERENCES

- 1. Name: _____
Address: _____
_____ Phone #: _____

- 2. Name: _____
Address: _____
_____ Phone #: _____

- 3. Name: _____
Address: _____
_____ Phone #: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that Employee may resign at any time and the Employer may discharge Employee at any time with or without cause during the probationary period. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

