



**Town of Gorham
Police Department
270 Main Street
Gorham, Maine 04038**

APPLICATION FOR EMPLOYMENT

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

PLEASE PRINT

Position Applying for: _____ Date of Application: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____
Street City State Zip Code

Social Security #: _____ Phone Number: _____

If you are under 21 years of age, can you provide required
Proof of your eligibility to work? _____ Yes _____ No

Have you ever been employed by the Town of Gorham? _____ Yes _____ No

If yes, Give the department and dates you worked? Dept. _____

From _____ To _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

On what date would you be available to work? _____

Have you been convicted of a criminal offense ? _____ Yes _____ No

If yes, please explain _____

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