



EMPLOYMENT APPLICATION TOWN OF GRAY MAINE

For Office Use Only
 Date Received: _____
 Received by: _____

Pre-employment Questionnaire - Town of Gray is an Equal Opportunity Employer

Department	Position
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APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
Date Available			Desired Salary
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 18 Years or Older?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
In Case of Emergency Notify:			
Ever applied to this municipality before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	When:	

EDUCATION

High School	Address		
From _____ to _____	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College	Address		
From _____ to _____	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other	Address		
From _____ to _____	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Special Training:			
Special Skills:			

REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

EMPLOYMENT APPLICATION - TOWN OF GRAY MAINE

PREVIOUS EMPLOYMENT (LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$ _____	Ending Salary \$ _____
Responsibilities		

From _____ to _____	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$ _____	Ending Salary \$ _____
Responsibilities		

From _____ to _____	Reason for Leaving
---------------------	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$ _____	Ending Salary \$ _____
Responsibilities		

From _____ to _____	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From _____ to _____
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Rank at Discharge	Type of Discharge
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If other than honorable discharge, explain:

EMPLOYMENT APPLICATION - TOWN OF GRAY MAINE

FIRE RESCUE ONLY

Complete this section only if you are applying for a position/membership with Gray Fire Rescue

Application for: Fire Rescue Auxiliary Fire Police

Ever been a member of Gray Fire Rescue?

YES NO

If so, when:

Ever belong to any Fire Rescue organization?

YES NO

If so, where:

Do you currently hold an EMS license in the State of Maine?

YES NO

License #

Level

Are you currently certified as a Firefighter in Maine?

YES NO

Why do you want to join Gray Fire Rescue?

List any friends/relatives working with Gray Fire Rescue:

CONVICTIONS

Have you ever been convicted of a felony within the last (10) years?

YES NO

If yes, describe:

DISCLAIMER AND SIGNATURE

YES NO

I understand and agree that I may be required, as a result of the job classification, to take one or more physical examination(s) and alcohol and drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time designated by the Municipality and to release the Municipality, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

YES NO

I certify that all information submitted by me on this application is true and complete and I understand that if any false information, misrepresentations or failure to fully complete this application shall be cause to reject the application or may be cause for subsequent dismissal if you are hired.

YES NO

In consideration of my employment, I agree to conform to the Town of Gray's personnel rules and regulations and I agree that my employment and compensation can be terminated without cause and with or without notice, at any time, at either my or the Municipality's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Town.

YES NO

I understand that in order to assess my qualifications for the position, a full background investigation/check is necessary and that I will sign a statement detailing this investigation as part of the application completion process.

Date

Signature