

**Town of Millinocket Employment Applications**  
**(Pre-employment Questionnaire) (An Equal Opportunity Employer)**

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**PERSONAL INFORMATION:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
                    Last                      First                      Middle

Present Address \_\_\_\_\_  
                                    Street                      City                      State                      Zip

Permanent Address \_\_\_\_\_  
                                    Street                      City                      State                      Zip

Are you 18 Years or Older? \_\_\_\_\_ Yes \_\_\_\_\_ No    If no, are you younger than 16? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a work certificate from school: \_\_\_\_\_ yes \_\_\_\_\_ no    If yes, date \_\_\_\_\_

Phone No. \_\_\_\_\_                      In case of Emergency/Notify: \_\_\_\_\_

Are you legally able to work in the United States \_\_\_\_\_ Yes \_\_\_\_\_ No    Class of Driver's License: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Ever worked for this municipality before? \_\_\_\_\_ When? \_\_\_\_\_

Reason for Leaving:

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Name of last supervisor at this municipality: \_\_\_\_\_

Who referred you to this municipality? Please list:

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**EDUCATION:**

School Level \_\_\_\_\_ College/No. of Years Attended \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ Subjects Studied \_\_\_\_\_

Grammar School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

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**GENERAL:**

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

**FORMER EMPLOYERS:** (List last three employers, starting with last one first)

**1.) Name and Address of Present or Previous Employer:** \_\_\_\_\_

\_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2.) Name and Address of Previous Employer:** \_\_\_\_\_

\_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3.) Name and Address of Previous Employer:** \_\_\_\_\_

\_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES:** (Give below the name of three persons, not related to you, whom you have known at least one year)

	Name	Address	Business	Years Acquainted	Phone#
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**SERVICE RECORD:**

Branch of Service: \_\_\_\_\_ Discharge Date/Rank: \_\_\_\_\_

Present membership in  
National Guard or Reserves: \_\_\_\_\_ Date Obligation Ends: \_\_\_\_\_

Are you able to perform each of the following job functions on the attached job description for which you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain why and what accommodations may be necessary.

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last ten (10) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever violated a DOT drug and alcohol testing regulation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever failed or refused a DOT drug or alcohol pre-employment test within the past two years for which an employer didn't hire you? 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} at such time as 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}. **If applicable.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**AUTHORIZATION:**

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. IF CONSIDERATED FOR EMPLOYMENT, I AGREE TO CONFORM TO THE TOWN OF MILLINOCKET'S PERSONNEL RULES AND REGULATIONS. I ALSO AUTHORIZE THE TOWN OF MILLINOCKET TO CONTACT PERSONAL REFERNCES AND PREVIOUS EMPLOYERS.

Date \_\_\_\_\_ Signature \_\_\_\_\_

