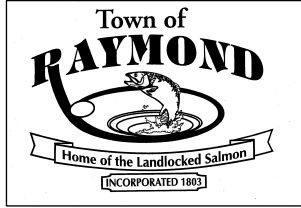


# Application for Employment

**Town of Raymond**  
**401 Webbs Mills Rd**  
**Raymond ME 04071**  
**207-655-4742**



We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be Fully completed to be considered.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Are you a citizen of the United States?    YES     NO     If no, are you authorized to work in the U.S.?    YES     NO

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES     NO     Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES     NO     Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES     NO     Degree: \_\_\_\_\_



## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Town of Raymond contacts in connection with my employment application to fully provide the Town of Raymond any information on the matters set forth above. I expressly waive in connection with any request for provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relation that I might otherwise have against the Town of Raymond, its agents and officials or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff and members of the community. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I give my consent to this disclosure.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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**NOTE:** All application materials become the property of the Town of Raymond. None will be returned. Providing any false or misleading information on this application or in the application or employment screening process shall be fully sufficient grounds to refuse to employ the applicant or, if the applicant has been employed, to immediately dismiss the applicant/employee.