

TOWN OF MAPLETON
PARKS AND RECREATION DEPARTMENT
APPLICATION FOR SEASONAL EMPLOYMENT
IF YOU HAVE A RESUME, PLEASE ATTACH

Resumes and applications may be sent to:
Town Office
P.O. Box 500
Mapleton, ME 04757

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

(PLEASE PRINT OR TYPE)

Date of Application _____

Position(s) Applied For: _____

Name:

_____ Last
First Middle

Address:

_____ Street
City State Zip

Telephone Number: _____

Email Address: _____

Social Security Number: _____

Emergency Contact: _____ **Telephone:** _____

If you are under 18 years of age, please give your age. _____

(Your age is necessary to comply with the Child Labor Laws).

If you are 16 years of age or younger, you will be required to furnish a work permit. Can you furnish a work permit?

YES _____ **NO** _____

What date would you be available to work? _____

Are there any dates during the seasonal period that you are unable to work?

YES _____ **NO** _____ **If yes, please give dates and explain.**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

YES _____ **NO** _____ *(Proof of citizenship or immigration status will be required upon employment).*

Have you been convicted of a felony within the last 7 years? **YES** _____ **NO** _____

Current Driver's License Number _____

Do you have any violations on your driver's license? **YES** _____ **NO** _____

(If applying for a position requiring you to drive a city vehicle you must have no violations on your license).

EMPLOYMENT EXPERIENCE

Employer: _____ **Telephone** _____

Job Title Held _____ **Supervisor** _____

Employed From: _____ **To:** _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ **Telephone** _____

Job Title Held _____ **Supervisor** _____

Employed From: _____ **To:** _____

Work Performed: _____

Reason for Leaving: _____

SPECIAL SKILLS AND QUALIFICATIONS

EDUCATION

High School: _____ **Years Completed** _____

College/University _____ **Years Completed** _____

Course of Study _____

Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities:

Honors Received:

List any additional information that you feel may be helpful to us in considering your application.

REFERENCES

NAME _____ **RELATIONSHIP** _____ **PHONE #** _____

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