

TOWN OF LOVELL

PO BOX 236 CENTER LOVELL, ME 04016

JOB APPLICATION

POSITION: _____

NAME _____

MAILING ADDRESS: _____

ARE YOU UNDER THE AGE OF 18 YEARS? IF SO, DATE OF BIRTH _____
SS# _____ (OPTIONAL)

LEGAL RESIDENCE: _____

LENGTH OF TIME FOR THE ABOVE _____

PHONE: _____

EDUCATION: ELEMENTARY SCHOOL _____

HIGH SCHOOL _____

OTHER _____

PREVIOUS PLACE OF RESIDENCY: _____

PREVIOUS PLACE OF EMPLOYMENT: PLEASE LIST NAMES AND ADDRESSES OF THE LAST
TWO EMPLOYERS, LENGTH OF EMPLOYMENT AND REASON FOR LEAVING.

1. _____

2. _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____ PLEASE LIST IF ANY _____

LIST ALL PAST AND PRESENT MEDICAL HISTORIES, ALLERGIES

(PREVIOUS MEDICAL RECORDS MAY BE REQUESTED)

HAVE YOU EVER BEEN CONVICTED OF A FELONY, CRIME OR ANY MISDEMEANORS? _____

DRIVER LICENSE INFORMATION REQUIRED _____

SIGNATURE _____ DATE _____

Town of Lovell, Maine

REFERENCE CHECK AUTHORIZATION

Position _____

I, _____ (Type or Print Full Name) _____,
request and authorize the following employers to furnish to the Municipality of Lovell,
Maine information concerning my personal character, work habits, employment
performance, reasons for my departure from employment, and other information:

Employer:

Address & Telephone #

_____	_____
_____	_____
_____	_____
_____	_____

I authorize the following educational institutions to provide verification of educational
attainment and other relevant information:

Educational Institution:

Address & Telephone #

_____	_____
_____	_____
_____	_____

Applicant Name (Print)

Applicant Signature

Social Security Number

Date

