



## **Job Application Form\***

\* (must be at least 16 years old)

**Instructions: Print clearly in black or blue ink. Sign and date the form and return to:  
Executive Director, Friends of the Cobbossee Watershed, PO Box 5003 Augusta, ME 04332-5003**

### **PERSONAL INFORMATION:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Have you been convicted of a felony within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **POSITION/AVAILABILITY:**

Position Applied For: \_\_\_\_\_

Days/Hours Available: Mon\_\_\_ Tue\_\_\_ Wed\_\_\_ Thu\_\_\_ Fri\_\_\_ Sat\_\_\_ Sun\_\_\_ .

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

### **EDUCATION:**

Name and Address of School(s)                      Degree/Diploma                      Graduation Date

\_\_\_\_\_

\_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT HISTORY:**

Present or Last Position

Employer: \_\_\_\_\_

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



Supervisor: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Previous Position

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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

**May We Contact Your Present Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**References (3):**

Name	Title	Address	Phone
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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