

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail address: \_\_\_\_\_

What would you like to volunteer for? \_\_\_\_\_

Are you 18 years or are or older? ☐ Yes ☐ No

**Education**

High School	City	State	Years Attended
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College/University	Field of Study	City	State	Years Attended
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**Employment History** (Most recent first)

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

May we contact this person? ☐ Yes ☐ No Reason for leaving: \_\_\_\_\_

Describe your job duties: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

May we contact this person? ☐ Yes ☐ No Reason for leaving: \_\_\_\_\_

Describe your job duties: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

May we contact this person? ☐ Yes ☐ No Reason for leaving: \_\_\_\_\_

Describe your job duties: \_\_\_\_\_

(Please use additional paper for employment history if needed.)

**Other Experience**

Please describe any additional information about yourself or other experiences you have that you feel we should know. List any related designations, experience working with youth, certificates, trainings, or courses that may be applicable:

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**References** (Please list at least 2 professional or personal references who are not related by blood or marriage.)

Full Name	Relationship	Years Known	Phone #
1. _____			
2. _____			
3. _____			

**Disclaimer & Signature**

*I understand that the Town is committed to providing equal opportunity in all employment practices, including, but not limited to, selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, citizenship status, or any other category protected by federal, state, or local law.*

*I authorize the Town to inquire with any current or former employers, professional, work, educational and personal references listed in the application, or any other individuals I may name concerning my work experience. I further authorize the Town to conduct background investigations to include criminal background checks, motor vehicle reports, and other consumer reports that may contain pertinent information related to my candidacy for the position desired. I understand the Town complies with the Fair Credit Reporting Act ("FCRA") and that should employment be denied based upon my background report(s) that I will be provided with a copy of the relevant report, applicable eligibility standards, and a Summary of Rights under the FCRA.*

*I understand that the Town reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to beginning employment or anytime during employment.*

*I certify that I have received a copy of the position description for the job desired. I understand that this employment application and any other Town documents provided during the application process are not promises of employment.*

*I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Town's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.*

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS**

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Applicant Signature

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Date

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby request and authorize you to furnish the Town of Windham with any and all information they may request concerning my work record, educational history, military record, financial status, criminal or driving record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility to provide contract services for the Town of Windham.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Town of Windham contractor. This release will expire sixty (60) days after the date signed.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

In order to facilitate access to requested background information, please provide the following:

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_