WINTHROP UTILITIES DISTRICT

Employment Application

29 BOWDOIN STREET, WINTHROP ME 04364 PHONE 207-377-2712 FAX 207-377-8582

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Full Name:					Date:							
	Last	F	irst			M.I.				•		
Address:	Street Address					Apar	rtment/Uni	t #				
-	City					State	e	ZIP Cod	le .			
Phone: (E-mail Address:		ess:							
Date Availa	ble:	_				Desired	Salary:	\$				
Position Ap	plied for:							-				
Are vou a c	itizen of the United St	YES ates?	NO	If no. are	vou au	thorized to	work in t	he U.S.?	YES	NO		
-	ver worked for this co	YES	NO	If so, wh	-							
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	and the second second		Edi	ucation	· · ·			<u> </u>				
High Schoo	l:		Address	: YES	NO				<u>-</u> -			
From:	To:	Did you gra	duate?			Degree:						
College: _		/	Address							·-··		
From:	To:	Did you gra	duate?	YES	NO	Degree:	·					
Other:			Address					·		· · · · ·		
From:	To:	Did you gra	duate?	YES	NO	Degree:						
			Refe	erences				· .				
Please list t	three professional re	ferences.				• •						
Full Name:	· VANDAGE			Relations	ship: _							
Company:	· · · · · · · · · · · · · · · · · · ·					Phone:)				
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Company:			<u> </u>			Phone:	_()				
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Address:												

	Previous Emplo	yms n				
Company:		Phone: <u>(</u>)				
Address:		Supervisor:				
Job Title:	<u>.</u>					
Responsibilities:						
From: To:	Reason for Leaving:	NO				
May we contact your previous superv	YES isor for a reference?	NO				
Company:		Phone:()	·			
Address:		Supervisor:				
Job Title:						
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your previous supervi	YES isor for a reference?	NO				
Company:		_ Phone: _()				
Address:		Supervisor:				
Job Title:						
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your previous supervi	sor for a reference?	NO				
	Military Servio	ce				
3ranch:		From:	To:			
Rank at Discharge:	Туре с	of Discharge:				
f other than honorable, explain:						
	Disclaimer and Sig	ınature				
certify that my answers are true and						
f this application leads to employme may result in my release.		-	n in my application or interview			
Signature:			Date:			

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