



## APPLICATION FOR EMPLOYMENT

### Personal Information

Name		Date of Birth		
Address		City	State	Zip
Email		Phone		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever pled "guilty" to, or been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain		
Are you able to meet the attendance requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Position

Position you are applying for	Available start date	Desired pay
Employment desired	Part time <input type="checkbox"/>	Full time <input type="checkbox"/>
	Seasonal/Temporary <input type="checkbox"/>	

### Education

School Name	Years Attended	Location	Degree Received

### References

Name	Employer	Phone	Relationship	Number of years known

## Employment History

Employer	Job Title		
Address	City	State	Zip
Immediate supervisor	Starting pay rate		
Telephone	Reason for Leaving		
Summarize the nature of work performed and job responsibilities			

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## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Signature	Name (please print)	Date
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# Town of Veazie Authorization to Release Information Mental Health

Veazie, Maine  
207-947-2781  
[www.veazie.net](http://www.veazie.net)

**FOR THE PURPOSE OF APPLYING FOR A POSITION WITH THE TOWN OF VEAZIE**

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Alias and/or Prior Name (s): \_\_\_\_\_

I authorize Riverview Psychiatric Center (RPC) and the Dorthea Dix Psychiatric Center (DDPC) of the Department of Health and Human Services to disclose any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorthea Dix Psychiatric Center to the issuing authority:

Issuing Authority (individual): Mark Leonard

Issuing Authority (organization): Town of Veazie

Mailing Address: 1084 Main Street, Veazie, Maine 04401

Issuing Authority Fax: 207-942-1654; Phone (to verify receipt of fax): 207-947-2781

I understand that the information requested is protected by law and cannot be released without my written permission, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release may cause my application for employment to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for employment. Information disclosed to the issuing authority pursuant to this release is confidential.

This authorization is effective for ninety (90) days following the date of my signature.

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**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT: RETURN THIS FORM TO THE ISSUING AUTHORITY WITH YOUR EMPLOYMENT APPLICATION.**

**(RETAIN A COPY FOR YOUR RECORDS)**

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ISSUING AUTHORITY: Send completed form (or a copy) to Riverview Psychiatric Center **AND** to Dorthea Dix Psychiatric Center by one of the following means:

1. Scan form and send via **e-mail** to: RPC: RiverviewMedicalRecords@maine.gov: and to DDPC: kathy.l.browne@maine.gov or DortheaDixMedicalRecords@maine.gov **OR**
2. **Fax** form to RPC: 207-287-7127; and DDPC: 207-947-4029 **OR**
3. Mail the form, with a self-addressed stamped envelope to: RPC: 250 Arsenal Street, Augusta, ME 04330  
Attn: Health Information: and to DDPC: PO Box 926, Bangor, Maine 04402, Attn: Medical Records.

NOTICE TO ISSUING AUTHORITY: The RPC and DDPC will respond in the same manner in which you forward this form. However, if you fax the form, you must provide your telephone number so that the institution can verify your receipt of the return fax.



## Town of Veazie Authorization to Release Information

**Veazie, Maine**  
**207-945-5627**  
[www.veazie.net](http://www.veazie.net)

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a medical condition or disability, or any other legally protected status.

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that truthfulness or misleading answers are cause for rejection of this application, removal from an eligibility list, or dismissal from employment.

In connection with my application for employment with the **Town of Veazie**, I understand that the **Town of Veazie** may request/perform a consumer report/background investigation on me. This investigation may contain public records concerning me, including social security number verification, verification of prior employment and dates of employment, professional licensure and credit reports. I further understand that the report may contain information including any prior criminal history, driving records, and any other information as a result of public records search from any Federal, State or any other agency which might contain such records.

Information regarding conviction will not necessarily bar an applicant from employment, but will be reviewed in light of all of the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and Federal statutory requirements.

In order for the **Town of Veazie** to verify the information contained in my application is accurate, I hereby authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. All results will be proprietary and kept confidential, and will not be provided to any parties other than the **Town of Veazie** or its legal representative. I voluntarily waive all recourse and release the parties from liability for complying with this request/release.

Print Name	Drivers License Number
Date of Birth	Social Security Number
Signature	Date