



STAFFING AGENCY
21 Limerock Street Suite #200, 2nd Floor
Rockland, ME 04841
Tel 207-594-1900 Fax 207-594-0008
E-mail: all4u@midcoast.com

Application for Employment

PERSONAL

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____ Phone#: (____) _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying? YES NO If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES NO If yes, please explain:
(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for this Company before? YES NO If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES NO
If yes, who and where do they work? _____

Have you ever done any volunteer work? YES NO If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME If you cannot work full time, please explain: _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES NO If yes, may we contact your employer? YES NO If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Account for any full month since leaving school (high school or college) that you were not working:

From	To	Reason
Mo/Yr		
Mo/Yr		
Mo/Yr		

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____			

PERSONAL REFERENCES Give three individuals (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

I certify that the information given by me in this application (and accompanying resume, if any) is true in all respects, and agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of information in this application to verify my statements and I authorize past employers, all references, and any other persons to answer all questions asked concerning previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Company or myself. I understand that no management official other than the Chairman of the Company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time. The employer reserves and retains the right to make changes in terms and conditions of my employment as the employer determines to be appropriate.

I understand that this application will be kept on active file for 1 (one) year from date completed, after which time I would have to reapply in accordance with established Company procedures.

Signed: _____

Date: _____