



Established 1956

563 Town Farm Rd.
Farmington, ME 04938
TEL: 207-778-4875
FAX: 207-778-5536

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

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

Address: \_\_\_\_\_
Street City State Zip Code

Telephone # \_\_\_\_\_ Mobile/Other Phone# \_\_\_\_\_

If necessary, best time to call you at home is: AM / PM Email Address \_\_\_\_\_

Referral Source (Please check the appropriate category and name the source.)

[ ] Advertisement [ ] Company's Website [ ] Employee [ ] Other [ ] Walk-In

Position(s) applied for: \_\_\_\_\_ Date available for work? \_\_\_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

May we contact you at work? [ ] Yes [ ] No. If yes, work number and best time to call: (\_\_\_\_\_) \_\_\_\_\_
AM / PM

Have you submitted an application here before? [ ] Yes [ ] No. If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? [ ] Yes [ ] No If yes, give date(s) and position(s): \_\_\_\_\_

Are you legally eligible for employment in this country? [ ] Yes [ ] No

Can you work overtime (required)? [ ] Yes [ ] No. If no, please explain: \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:

License Number: \_\_\_\_\_ State \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to extent permitted by law.

[ ] Yes [ ] No [ ] Need more information about the job's "essential functions" to respond.

Have you ever pleaded "guilty no contest" to, or been convicted of a crime? [ ] Yes [ ] No.

Answering "yes" does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. If yes, please provide date(s) and details:

\_\_\_\_\_
\_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information:

---

Employer		Telephone #
----------	--	-------------

---

Street Address	City	State
----------------	------	-------

---

Starting job title/final job title \_\_\_\_\_

---

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

May we contact for references? [  ] Yes [  ] No [  ] Later

Employed (state month & year) From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

---

---

Employer		Telephone #
----------	--	-------------

---

Street Address	City	State
----------------	------	-------

---

Starting job title/final job title \_\_\_\_\_

---

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

May we contact for references? [  ] Yes [  ] No [  ] Later

Employed (state month & year) From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

---

---

Employer		Telephone #
----------	--	-------------

---

Street Address	City	State
----------------	------	-------

---

Starting job title/final job title \_\_\_\_\_

---

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

May we contact for references? [  ] Yes [  ] No [  ] Later

Employed (state month & year) From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Summarize the type of work performed and job responsibilities \_\_\_\_\_

---

Reason for leaving: \_\_\_\_\_

---

## Educational Background

Starting with your most recent school attended, provide the following information.

	School (Include City and State)	Years Completed
College		
High School		

## References

List names and telephone numbers of three business/work references who are not related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Years Known

Is there any other job-related information you want us to know about you? \_\_\_\_\_

---

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for

employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_