



APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

ANSWER ALL QUESTIONS - PLEASE PRINT

Applicant's Name (Last) (First) (Middle)	Date of Application
Applicant's Address (Street)	Applicant's Email Address

Applicant's Address (City, State, Zip)

Telephone () ()	Business telephone where you can currently be reached () ()	May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Position(s) Applied For (List Job Titles)	Status Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
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Referral Source Advertisement Employment Agency _____ College/Career Placement Office
 Job Fair Employee Other

Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Are you willing to work nights & weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Salary Requirements	Date Available for Work
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Have you filed an application or been employed here before? Yes No If yes give date(s)

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List any friends or relatives employed by the company.
What is the relationship?

Have you ever been convicted of a felony? Yes No

If yes, provide all detail*
*Conviction of a crime will not automatically disqualify you from employment.

Are you licensed to drive? Yes No If Yes, in what state? _____ License # _____
Is your license currently under suspension for any reason? Yes No If yes, please explain.

EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From	Employer Name	Employer Address
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Date To	Employer Phone Number	Job Title
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1	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	

Are you known by another name Yes No If yes, What name?

EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
2	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
3	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
4	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS

Dates	Reason

REFERENCES (List professional references only. Do not list friends or relatives)

Name and Title	Address / Phone Number / Email

Education	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Others	Name of License or Certificate	Description	State	Date Received
Licenses				
Certifications				
Related Training				

Are you known to schools by another name? Yes No If Yes, what name(s) are you known by?

PRE-EMPLOYMENT STATEMENT

I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejecting my Application for employment and, should I be hired by ecomaine, termination of my employment.

I authorize representatives of ecomaine to contact educational institutions, state and federal agencies (to conduct driving record checks and criminal history records checks) and employers designated in this Application for purposes of verification and investigation of my educational, criminal record, driving record, and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by an ecomaine representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by ecomaine, termination of my employment. Should I be employed by ecomaine, I understand that I could be subject to an outside probe if accused of wrongdoing.

I understand that I may be required to undergo drug & alcohol testing as a condition of employment following DOT or other position required testing criteria.

Please be aware that ecomaine is required to report New Hire information to the State of Maine, Department of Human Services, Division of Support Enforcement and Recovery weekly or within 7 days of the date of hire. The ecomaine complies with this legal requirement.

ecomaine desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, ecomaine shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by ecomaine. I hereby release all such information to ecomaine and waive any right of confidentiality.

Submission of the application does not entitle me to be interviewed by ecomaine. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of ecomaine to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until ecomaine makes a decision on whether or not to hire me or until the 30th day after submission of this application to ecomaine, whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to ecomaine in order to be considered for employment. Should I be employed by ecomaine, I agree to comply with any and all employment rules and policies of ecomaine.

After reading all of the terms of this application I hereby affirm that I understand and agree to the provisions of the same. I agree to conform to ecomaine's rules and I also agree that I shall be subject to other conditions, which ecomaine may adopt. I affirm the information in this application is true and complete, and any deception herein may be considered sufficient cause for dismissal.

Date

Applicant's Signature