

781 County Road Westbrook, Maine Tel: (207) 839-2575

## **EMPLOYMENT APPLICATION**

Our Company is an Equal Opportunity Employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religion, marital status, gender identity, national origin, disability, veteran status, or any other characteristic protected under local, state or federal law.

Personal I	nformation				
Name					
	Last		First		M.I.
Street Address_					
City			State 2	ip	
Telephone		Social Security #			
Note: you will be requiremployment is continge	authorized to wor red to furnish documents to ent upon furnishing such do t 18 years of age?	verify your eligibili ocuments.	ty for employment in		igration Reform and Control Act and your
A conviction does not a	peen convicted of outomatically bar you from yes, include deta	employment)			rainst you?
Employme	ent Desired				
Position for w	vhich you are a	oplying:			
Full-time 🗖	Part-time 🗖	Fill-in 🗖	Summer 🗆	1	
Date of availa	ability:			_ Salary Requir	rements:
Do you have a v	valid Driver's licen	se? (Only ans	wer this if spe	cifically asked to)	Yes 🗖 No 🗖

Can you travel if a job	requires it? Yes	l No □				
If you are an experience operator of any office machines or equipment, please list:						
What source led you	to make application	with us?				
If you served in the U	nited States Armed	Forces, briefly describe the skills	s you acquired:			
Education						
Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree		
High School		7 8 9 10 11 12				
College		1 2 3 4 more				
Business or Trade		Months Attended				
References						
Name						
Occupation						
City, State, Zip						
Telephone Number						
Email Address:						
Name						
City, State, Zip Telephone Number						
Email Address:						

Name						
Occupation						
Address						
City, State, Zip						
Telephone Number						
Email Address:						
Employment Hi	story					
Please list your <u>complet</u> page, if necessary.	<u>e</u> employment h	istory. List present or most re	cent employer fi	rst. Use an additional		
Employer	Employed (mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving		
	From:					
Address/City						
Name of Supervisor						
Employer	Employed (mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving		
	From:					
Address/City						
Name of Supervisor						

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment terminatio I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpos of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, a gree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.	Employer	Employed	Type of work performed	Present or	Reason for leaving
Name of Supervisor  May we contact your current employer at this time? Yes  No   I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment terminatio I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpos of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.	Limployer	1	Type of work performed		Neason for leaving
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Signature Date	best of my knowledge wheld liable in any respect statements, answers or incorrect statements made considered may be requiphysical. I also voluntariany information request voluntarily and knowing schools or persons from malicious and willful distof preventing me from consideration of my ememployment and competents.	vithout consequent if my employm omissions made ay render this applical examination uired, and drug tealing and knowingly fully release an any and all liabilisclosure of derogations and ployment, I agreems attion can be to	ential omissions of any kind. I ent is rejected or subsequently by me in this application. I ure plication void, and if employed based on the requirements of esting may be included as partly authorize the companies, so former employment, character and discharge, absolve, indemnity for any damages for issuing atory facts concerning my employment, which the party discloss the to conform to the rules and erminated with or without care	agree that the Coly terminated becomes and that and, may lead to end of the position for the position for each of the regular properties and qualification and hold hare go this information ployment made fing such facts known and the regulations of the second control of the second contr	company shall not be cause of false by misleading or imployment termination. In which I am being re-employment in amed above to give it in sortions. I hereby it is said companies, in, except for the for the express purpose ows to be untrue. In its organization. My
Email application to: marsha@hillsidelumber.com					Date