



P.O. Box 949  
Houlton, ME 04730

## Application for Employment

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

Employee Name: \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the United State? Yes  No

If hired, can you provide proof that you are over 18 years of age? Yes  No

Have you ever been convicted of or pled guilty to a felony? Yes  No

If "Yes", explain below: (An answer of "Yes" will not necessarily disqualify you from consideration for employment.)

### Education and Skills

**Education:**

School Name/Type	School Address	Major/Degree:	Graduate?	Graduation Date
			Yes <input type="checkbox"/> No <input type="checkbox"/>	(MM/YYYY)
			Yes <input type="checkbox"/> No <input type="checkbox"/>	(MM/YYYY)
			Yes <input type="checkbox"/> No <input type="checkbox"/>	(MM/YYYY)
			Yes <input type="checkbox"/> No <input type="checkbox"/>	(MM/YYYY)

List any skills, training, awards, etc., including any educational, vocational, professional, military or other information that you wish to include which may be helpful during consideration of your application:

# Employment History and References

## Employment History: (Please list most recent employer first. Attach additional pages as needed.)

Company Name:	Street Address:		
City:	State:	Zip:	Phone:
Supervisor Name:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Title:			
Position:	Start Date:	End Date:	
Responsibilities:			
Reason for Leaving:			

Company Name:	Street Address:		
City:	State:	Zip:	Phone:
Supervisor Name:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Title:			
Position:	Start Date:	End Date:	
Responsibilities:			
Reason for Leaving:			

Company Name:	Street Address:		
City:	State:	Zip:	Phone:
Supervisor Name:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Title:			
Position:	Start Date:	End Date:	
Responsibilities:			
Reason for Leaving:			

## References: (Please list professional references before personal references.)

Name:	Address:	Phone:	Relationship:

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

**Optional**

Race: White Black Native American Asian Indian Other \_\_\_\_\_

Gender: Male Female

Are you a veteran? Yes No

This application will become inactive one year from today. If you wish to remain in our active file, please update with this office.

Consistent with the provisions of the Americans with Disabilities Act (ADA) and the Maine Human Rights Act (MHRA), applicants may request accommodations needed to participate in the application process.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are least 40 but less than 70 years of age.

Buildings Etcetera is an equal opportunity employer dedicated to a policy of compliance with all federal, state, and local laws regarding nondiscrimination in employment. Applicants are considered for all positions without regard to race, color, religion, sex, ancestry or national origin, or veteran status. In addition, this company does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction. No question on this application is intended to secure information to be used for unlawful purposes.

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.**

**If offered employment, I consent to a drug screening and a preplacement physical examination by a health professional selected by Buildings Etcetera. I understand that any offer of employment is conditioned upon the results of this post-offer examination.**

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

<p><b>Office Use Only</b>  Schedule interview _____  Check references _____  File for future consideration _____</p>
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