

P.O. Box 949 Houlton, ME 04730

				Date:				
Employee Name:	(Middle)	(Last)						(Suffix)
Street Address:				Telephone No.				
				Mobile Phone No.				
City, State, Zip Code:								
Position Desired:								
Date Available to Start:	s	alary Desired:						
f hired, can you provide proof tha	Yes		No					
f hired, can you provide proof t	hat you are over 18 years of age?	Yes		No				
	Education and	Skills						
Education:	Education and	Skills						
Education: School Name/Type	Education and School Address	Skills Major/Degr	ee:			Gradua	nte?	Graduation Date
			ee:			Gradua Yes		Graduation Date
			ee:					
			ree:			Yes	No	
			ree:			Yes	No	(MM/YYYY)
			ree:			Yes Yes	No	(MM/YYYY)
			ree:			Yes Yes Yes	No	(MM/YYYY)
			ree:			Yes Yes	No D	(MM/YYYY) (MM/YYYY)
			ree:			Yes Yes Yes	No D	(MM/YYYY)

Reference			
itional pages as	s needed.)		
p:	Phone:		
May we d	ontact this emp		
		Yes	No
tart Date:	End	d Date:	
p:	Phone:		
May we d	contact this emp		No -
		Yes	No
tart Date:	End	d Date:	
p:	Phone:		
May we o	contact this emp	oloyer? Yes	No
tart Date:	End	d Date:	
.)			
	Phone:	Relatio	nship:

Race:	White	Black	Native American	Asian Indian	Other	
Gender:	Male	Female				
Are you	a vetera	n? Yes	No			
This app		will becon	ne inactive one year	from today. If yo	ou wish to remain in	our active file, please update
					es Act (ADA) and the articipate in the app	Maine Human Rights Act lication process.
_			Employment Act of 1 0 but less than 70 ye	•	scrimination on the	basis of age with respect to
and loca regard t not disc reasona	al laws re o race, co riminate bly accor	garding no olor, religi on the ba nmodated	ondiscrimination in e on, sex, ancestry or sis of physical or me	employment. Ap national origin, ntal disability wh h distinction. No	pplicants are consider or veteran status. In nere the essential fur	ance with all federal, state, red for all positions without addition, this company does actions of the job, as polication is intended to
or omiss employ	sion of fa ment is f	octs called or no defi	for is cause for disn	nissal. Furtherm	nore, I understand a	and that misrepresentation nd agree that my of my wages, be terminated
professi	ional sele	ected by B	_	-		l examination by a health yment is conditioned upon
Applica	ınt Signa	iture			Date :	
		Γ ₄	Office Use Only			1
		9	Schedule interview Check references			
			ile for future consider		_	

Optional