

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability or status as a disabled veteran of the Vietnam Era. Accommodations to enable all individuals to participate in the application process will be provided upon advance request.

**ANSWER ALL QUESTIONS --- PLEASE PRINT**

APPLICANT'S NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION	
APPLICANT'S ADDRESS (STREET)			SOCIAL SECURITY NUMBER	
APPLICANT'S ADDRESS (CITY, STATE, COUNTRY, ZIP OR POSTAL CODE)				
TELEPHONE ( ) ( ) ( )		Alternative telephone where You can currently be reached. ( ) ( ) ( )		May we contact you at that number? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION(S) APPLIED FOR (LIST JOB TITLES)		STATUS DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SHIFT DESIRED <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT
REFERRAL <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> JOB FAIR		<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> EMPLOYEE		<input type="checkbox"/> COLLEGE/CAREER PLACEMENT OFFICE <input type="checkbox"/> OTHER
Please specify name of referral _____				
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		Salary Requirements
Date Available for Work _____				
Have you filed an application Or been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> 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		
List any friends or relatives employed by the company.  What is the relationship?				
Have you ever been convicted of a crime, misdemeanor, or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide all detail*				
*Conviction of a crime will not automatically disqualify you from employment.				
Are you licensed to drive? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, in what state? _____ License# _____				
Is your license currently under suspension for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain _____				
<b>EMPLOYMENT EXPERIENCE</b> List each job held. Start with your present or last job. Include military service assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper. Please explain gaps in employment history over 90 days in space provided on next page.				
DATE FROM Mo. / Yr.	EMPLOYER NAME		EMPLOYER ADDRESS	
DATE TO Mo. / Yr.	EMPLOYER PHONE NUMBER	JOB TITLE	STARTING SALARY/HR. RATE	FINAL SALARY HR./RATE
<b>1</b>	SUPERVISOR		REASON FOR LEAVING	
	WORK PERFORMED			May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you known By another name <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, What name? _____			
DATE FROM Mo. / Yr.	EMPLOYER NAME		EMPLOYER ADDRESS	
DATE TO Mo. / Yr.	EMPLOYER PHONE NUMBER	JOB TITLE	STARTING SALARY/HR. RATE	FINAL SALARY/HR. RATE
<b>2</b>	SUPERVISOR		REASON FOR LEAVING	
	WORK PERFORMED			May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you known By another name? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT NAME? _____			

DATE FROM Mo. / Yr.	EMPLOYER NAME	EMPLOYER ADDRESS			
DATE TO Mo. / Yr.	EMPLOYER PHONE NUMBER	JOB TITLE	STARTING SALARY/ HR. RATE	FINAL SALARY/HR. RATE	
3	SUPERVISOR	REASON LEAVING			
	WORK PERFORMED				May we contact/ <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you known By another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, What Name? _____				
DATE FROM Mo. / Yr.	EMPLOYER NAME	EMPLOYER ADDRESS			
DATE TO Mo. / Yr.	EMPLOYER PHONE NUMBER	JOB TITLE	STARTING SALARY/HR. RATE	FINAL SALARY/HR. RATE	
4	SUPERVISOR	REASON FOR LEAVING			
	WORK PERFORMED				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
	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	
NAME AND OCCUPATION	ADDRESS

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LIST LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL				Y N	
COLLEGE				Y N	
OTHER (Specify)				Y N	

Are you known to schools  
By another name?  YES  NO If YES, What Name? \_\_\_\_\_

**SKILLS / LICENCES / CERTIFICATES**  
Use the space below to describe the skills and aptitudes that you feel qualify you for the position for which you are applying.  
Relative to each, indicate the length of experience and type of training. If you need more space, a supplemental sheet will be provided upon request.

**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 Emery Waterhouse, termination of my employment.

I authorize representatives of Emery-Waterhouse to contact educational institutions, state and federal agencies to conduct criminal history records checks and employers designated in this Application for purposes of verification and investigation of my educational, criminal record and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by Emery-Waterhouse representatives. 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 Emery-Waterhouse, termination of my employment. Should I be employed by Emery-Waterhouse, I understand that I could be subject to an outside probe if accused of wrongdoing.

Please be aware that Emery-Waterhouse 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 Company complies with this legal requirement.

Emery-Waterhouse 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, Emery-Waterhouse 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 Emery-Waterhouse. I hereby release all such information to Emery-Waterhouse and waive any right of confidentiality.

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

After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with the Company is on an "at-will" basis, meaning that such employment may be permanently discontinued by either the Company (through discharge or lay/off or myself through voluntarily quitting) at any time without notice and without any recourse of any kind by either party. I expressly agree and understand that this is the entire agreement between the Company and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the President of the Company. I agree to conform to the Company's rules and I also agree that I shall be subject to other conditions, which the Company may adopt. I affirm that the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_