

Employment Application

Applicant Instructions

Open 7 days a Week, 364 Days a Year



Alfred Square
3 Saco Rd
Alfred, ME 04002
207-324-7719
info@alfredcountry.com

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any questions, use comments section on the bottom of page.
4. Print clearly: incomplete or illegal applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
Last First MI

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

CURRENT ADDRESS: _____
Street

City State Zip

PRIOR ADDRESS: _____
Street

City State Zip

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of guide or support of animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required to employment.

Availability

What date can you start? _____ What category would you prefer? Full Time (30-40 hours) Part Time (21-30 hours)

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Other _____

*Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

Job-Related Skills

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please list any skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the essential functions of that job explained to you?

Yes No Do you understand the essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

Security

List states and counties of residence for the past seven years: _____

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, on bottom of page.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court. (Conviction will not necessarily be bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

Comment

(Ask for an additional page if necessary) _____

Previous Employers

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will Make every effort to contact previous employers; the **correct telephone numbers of past employers are critical.** FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			Phone () Fax ()
Company Name _____	City _____	State _____	
From _____ To _____ Dates Employed	Job Title _____	Supervisor Name _____	
Duties _____			
Salary _____ Per _____ (Hour, Week, Month)	Reason For Leaving _____		

SECOND MOST RECENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			Phone () Fax ()
Company Name _____	City _____	State _____	
From _____ To _____ Dates Employed	Job Title _____	Supervisor Name _____	
Duties _____			
Salary _____ Per _____ (Hour, Week, Month)	Reason For Leaving _____		

THIRD MOST RECENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			Phone () Fax ()
Company Name _____	City _____	State _____	
From _____ To _____ Dates Employed	Job Title _____	Supervisor Name _____	
Duties _____			
Salary _____ Per _____ (Hour, Week, Month)	Reason For Leaving _____		

References

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOW/RELATIONSHIP
1.		
2.		

Education

NOTE: Do not fill out any part of this section you believe to be non-job related
Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on front page, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification And Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability from any damage whatsoever for issuing the information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____	DATE _____
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