



EASTERN MOLD REMEDICATION

EMPLOYMENT APPLICATION

Directions: print using pen, if additional space is needed attach a sheet of paper, sign the application.

Date: _____

NAME Last: _____ First: _____ Middle: _____

Social security number: _____

Phone: _____

ADDRESS Street: _____ City: _____

State: _____ Zip: _____

If hired, can you provide proof of citizenship or legal right to work? Yes _____ No _____

Do you have a valid Maine driver's license? Yes _____ No _____

Driver's license number: _____ State of issue: _____

Have you had your driver's license revoked or suspended in the last 3 years? Yes _____ No _____

If yes, please explain:

Is there an SR22 requirement on your driver's license/insurance? Yes _____ No _____

EDUCATION

High school or GED Name: _____

Years completed: _____ Certificate or degree: Yes _____ No _____

ADDRESS Street: _____ City: _____

State: _____ Zip: _____



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Vocational or technical Name: _____

State: _____ Zip: _____

Years completed: _____ Certificate or degree: Yes _____ No _____

ADDRESS Street: _____ City: _____

College or university Name: _____

State: _____ Zip: _____

Years completed: _____ Certificate or degree: Yes _____ No _____

ADDRESS Street: _____ City: _____

EMPLOYMENT HISTORY

(1)

Name of Employer: _____

Job title and duties: _____

ADDRESS Street: _____ City _____

Supervisor(s) Phone # _____ State: _____

Zip: _____

Dates of employment MO/YR From: _____ To: _____

Rate of pay: _____ Start: \$ _____

Reason for leaving: _____ Final: \$ _____



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(2)

Name of Employer: _____

Job title and duties: _____

ADDRESS Street: _____ City _____

Supervisor(s) Phone # _____ State: _____

Zip: _____

Dates of employment MO/YR From: _____ To: _____

Rate of pay: _____ Start: \$ _____

Reason for leaving: _____ Final: \$ _____

(3)

Name of Employer: _____

Job title and duties: _____

ADDRESS Street: _____ City _____

Supervisor(s) Phone # _____ State: _____

Zip: _____

Dates of employment MO/YR From: _____ To: _____

Rate of pay: _____ Start: \$ _____

Reason for leaving: _____ Final: \$ _____



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WORK EXPERIENCE

Certifications/Licenses/Training: _____

What machines or equipment can you operate that may relate to the job you are applying for?

Are you presently employed? Yes _____ No _____

If yes, whom do you suggest we contact? _____

Supply 3 references excluding relatives and former employers:

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____
Phone: _____



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Please read each statement carefully before signing

I certify that all the information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal from employment if discovered at a later date.

I authorize the investigation of any or all statements contained in this application.

I authorize a criminal background check and a driving record check.

I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision.

I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

Signature

Date