Application



 For

 Employment

 75 Manson Libby Road, Scarborough, ME 04074

 Tel. (207) 883-6503 Fax (207)885-0972

Maine Masonry Company, Inc. considers qualified applications for all positions without regard to race, color, religion, gender,

sexual orientation, national origin, age, veteran status, disability, or any other legally protected status. We offer

reasonable accommodations to qualified persons with disabilities, including accommodations needed to participate in the

application process. Receiving this application does not indicate that vacancies exist. This application will remain active for

one year from its date.

sexual

**Please Print**

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| --- | --- |
| Position(s) Applying For | Date of Application |
| Last Name First Name Middle Name |
| Address: Number Street City State Zip Code |
| Telephone Number(s) where you can be reached Social Security Number * -
 |

|  |
| --- |
| Have you ever filed an application with us before? Yes No If yes, give date: |
| Have you ever been employed with us before? Yes No If yes, give date: |
| What rate of pay are you looking for? |
| On what date would you be available for work? |
| Are you currently on “lay-off” status and subject to recall? Yes No |
| Will you work overtime if asked? Yes No |
| Will you travel? Yes No |
| Do you have a current driver’s license? Yes No |
| Do you have your own vehicle? Yes No |
| Do you have your own tools? Yes No |
| Have you been convicted of a crime within the last 7 years? Yes No(Conviction will not necessarily disqualify an application from employment.) If yes, please explain:  |
| Have you ever been held liable in a lawsuit for fraud, Yes Nomisrepresentation, or converting the property of another?If yes, please explain: |
| Have you ever been fired from a job, asked to resign, or Yes Nodenied unemployment benefits due to misconduct?If yes, please explain: |

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| --- |
| Are you able to meet attendance requirements for the position Yes Nofor which you are applying? |
| Are you currently employed? Yes No If yes, by whom: |
| May we contact your present employer? Yes No |
| Are you prevented from lawfully becoming employed in this country Yes Nobecause of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) |
| Do you have any relatives or friends employed by us? Yes No If yes, please give names and relationship: |
| Are records of employment or education under any other names? Yes No If yes, please give names: |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Elementary School | High School | Undergraduate College/University | Graduate/Professional |
| School Name and Location |  |  |  |  |
| Years completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree |  |  |  |  |
| Describe Course of Study |  |  |  |  |  |  |
| Describe any specialized training, apprenticeship, skills and extracurricular activities: |
| Please describe fully any gaps in your education history (use additional sheet if necessary): |

**References**

|  |
| --- |
| Give name, address and telephone number of three references who are not related to you and are not previous employers.1. |
| 2. |
| 3. |

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

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**Employment Experience**

List all employers within at least the last five (5) years. Do not omit any employer. Start with your present or last job. Include any job-related military service assignments. Please describe fully any gaps in your employment history (use additional sheet if necessary).

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| --- | --- | --- |
| Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Leaving | Dates EmployedFrom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Performed |
| Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Leaving | Dates EmployedFrom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Performed |
| Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Leaving | Dates EmployedFrom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Performed |
| Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Leaving | Dates EmployedFrom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Performed |

**Applicant’s Statement**

I understand that any offer of employment is subject to pre-employment reference checking and a pre-placement physical examination, if required.

I certify that answers given herein are true and complete to the best of my knowledge, and that there are no false, misleading, or omitted statements.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false, omitted, or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

**Release and Authorization**

I hereby authorize any past employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of my work history, motor vehicle operation history, or criminal history to provide such information to Maine Masonry Co., Inc. and I hereby release those providers and Maine Masonry, Co., Inc. from any liability on account of information they provide.

According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer form a Consumer Reporting Agency. I will be so advised and be given the name of the reporting agency or source of information.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (type or print legibly) Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number State Driver’s License Issued