



Phone: 207-576-3897

Email: Deb@nepandh.com

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

General Information

Last Name	First Name	Middle Initial	Date of Application	
Mailing Address		City	State	Zip Code
Telephone Number(s)			Social Security Number	

How Did You Hear About Us?

- Advertisement Friend
 Employment Agency Relative Other _____

Position You Are Applying For

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

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 _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time Part Time Shift Work Temporary Work

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

On what date would you be available for work? _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain _____

Education & Training

High School Graduate Or General Education (GED) Test Passed? Yes No
 If No, list the highest grade completed:

College, Business School, Military (Most recent first)

Name & Location	Dates Attended Month/Year	Major or Subject	Graduate	Degree & year
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Occupational License, Certification or Registration:	Number	Where issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, continue on separate sheet of paper.

Employer:	Telephone: () -	From (Month/Year)
Address:		
Job Title:	Number of Employees Supervised:	
		To (Month/Year)
		Hours Per Week
		Supervisor
Reason for leaving:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Telephone: () -	From (Month/Year)	
Address:			
Job Title:	Number of Employees Supervised:	To (Month/Year)	
			Hours Per Week
			Supervisor
Reason for leaving:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Telephone: () -	From (Month/Year)	
Address:			
Job Title:	Number of Employees Supervised:	To (Month/Year)	
			Hours Per Week
			Supervisor
Reason for leaving:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Telephone: () -	From (Month/Year)	
Address:			
Job Title:	Number of Employees Supervised:	To (Month/Year)	
			Hours Per Week
			Supervisor
Reason for leaving:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Veteran Information (Most Recent)

Branch of Service	Date of Entry	Date of Discharge
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Special Skills (List all pertinent skills and equipment that you can operate)

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Additional Information (State any additional information you feel may be helpful to us in considering your application)

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References

1.	_____	_____
	(Name)	(Phone Number)

	(Address)	
2.	_____	_____
	(Name)	(Phone Number)

	(Address)	
3.	_____	_____
	(Name)	(Phone Number)

	(Address)	

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that 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 this organization.
In the event of employment, I understand that false 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.

Signature of Applicant

Date

