Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information NAME (LAST NAME FIRST)				SOCIAL SECU	RITY NO.	
MAINE (LAST MAINE FIRST)				SOOIAL BEOU		
PRESENT ADDRESS		CITY		STATE		ZIP CODE
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PERMANENT ADDRESS		CITY		STATE		ZIF CODE
PHONE NO.	SECON	IDARY PHONE NO.		REFERRED BY	(eriam est
mployment Desired		77. 77. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10				
POSITION		DATE YOU	CAN START		SALARY DE	SIRED
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EVER APPLIED TO THIS COMPANY BEFORE? YES	S NO WHI	ERE		W	/HEN	
Education History					otner a contra	
	NAME & LOCATIO	N OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJE	CTS STUDIED
HIGH SCHOOL				5.,		
COLLEGE			sk vit d	ayri L		
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				- 1		
General Information						
SUBJECT OF SPECIAL STUDY/RESEARCH WORK						
SPECIAL TRAINING						
SPECIAL SKILLS						
U.S. MILITARY OR NAVAL SERVICE			RAN	K		
ormer Employers (LIST BE	MINES SERVICE TO THE RESERVE OF THE SERVE OF		State		55,400	JEOD JEANING
DATE MONTH AND YEAR	NAME & ADDRES	S OF EMPLOYER	SALARY	POSITION	REASON	FOR LEAVING
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A-9661 / T-32851 11/2009

Application for Employment

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Authorization Tile certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if ealsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any a commation concerning my previous employment and any pertinent information they may have, personal or otherwise, and relicompany from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employmen specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative does not permit the release or use of disability-related or medical information in a manner prohibited by the Americal Disabilities Act (ADA) and other relevant federal and state laws." **DONTE** **D	ADDRESS BUSINESS	YEAR KNOW
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GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER