

**FULL TIME EMPLOYMENT**

**WYMANS OF MAINE**

**Application for Employment**



**Return Application to :**  
**Wymans of Maine**  
 Attn: Human Resources  
 P.O. Box 100\*280 Main Street  
 P: 207-546-3800/F: 207-546-3311  
 Email: anorton@wymans.com

We consider applicants for all positions without regard to race, color, religion creed, gender, national origin, physical or mental disability, veteran status, or other legally protected status.

(PLEASE PRINT)

APPLICANT INFORMATION						
Last Name	First	M.I.	Date			
Street Address			Apartment/Unit #			
City	State	Zip				
Phone	E-mail Address					
Have you ever worked for this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when and where?	MO: Yr: <input type="checkbox"/> Cherryfield <input type="checkbox"/> Deblois <input type="checkbox"/> Milbridge		
Position Applied for	Date Available: / /		Desired Salary?			
Location(s) to which you are applying:	<input type="checkbox"/> Cherryfield <input type="checkbox"/> Deblois <input type="checkbox"/> Milbridge		Please Indicate: <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings Please Indicate Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2			
Are you available to work: <input type="checkbox"/> Temporary (Dates Available) ___/___/___ to ___/___/___						

EDUCATION				
School	Name and Address of School	Course of Study	# of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				
State any additional information you feel may be helpful to us in considering your application.				
<p><b>Note to applicants:</b> DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Best time to contact you at home is: \_\_\_\_\_ am / pm

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

Have you ever filed an application with us before? If yes, give date: \_\_\_\_\_  Yes  No

Do any of your friend or relatives, other than spouse, work here?  Yes  No

If yes, state name, relationship, and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  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 currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

In the past 10 years have you ever been convicted of a crime, other than a minor traffic violation?  Yes  No

*(an affirmative answer will not necessarily disqualify you from consideration for employment)*

PREVIOUS EMPLOYMENT						
Company				Phone	( )	
Address				Supervisor		
Job Title			Start Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Company				Phone	( )	
Address				Supervisor		
Job Title			Start Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Company				Phone	( )	
Address				Supervisor		
Job Title			Start Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PERSONAL/PROFESSIONAL REFERENCES - DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS						
NAME	PHONE MUNBER	BEST TIME TO CALL			OCCUPATION	
1		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
2		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
3		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
APPLICANT'S STATEMENT						
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquired as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that 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 the Employee at any time with or without cause. It is further understood that this is "at will" employment relationship may not be agreed with any written document or by conduct unless such a change is specifically authorized by the President.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview result in my release. I understand also that I am required to abide by all rules and regulations of the employer.</p>						

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date