



WYMANS OF MAINE

Application for Employment

Return Application to:
 Wymans of Maine
 Attn: Human Resources
 PO BOX 100 • 280 Main Street
 Milbridge, Maine 04658
 Phone: 207-546-3800 / Fax: 207-546-3311
 Email: mpark@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 any 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"/> Afternoons <input type="checkbox"/> Evenings		Please Indicate Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Are you available to work:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<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>Note to applicants: DO NOTE 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 your eligibility to work? Yes No

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

Do any of your friends 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?
(an affirmative answer will not necessarily disqualify you from consideration for employment) Yes No

PREVIOUS EMPLOYMENT

Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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PERSONAL/PROFESSIONAL REFERENCES – DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS

NAME	PHONE NUMBER	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

I certify that my answers 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 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 re-apply as to whether or not applications are being accepted at that time.

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 changed with any written document or by conduct unless such a change is specifically authorized by the President.

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.

_____ Signature of Applicant	_____ Date
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