



**WESTERN MAINE SUPPLY CO., INC.**

P.O. BOX 69 \* 33 CROSS ST. \* BETHEL, ME 04217

PHONE: 207-824-2139 \* FAX: 207-824-3554

www.westernmainesupply.com

**GENERAL EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

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

If you are under 18 years of age, can you provide 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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment* .....  Yes  No

Date available to work \_\_\_/\_\_\_/\_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work  Full-time  
 Part time (please indicate)  Morning  Afternoon  Evening  
 Temporary (please in dicate dates available) \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

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

Can you travel if a job requires it? .....  Yes  No

## EMPLOYMENT EXPERIENCE

Start with your present or most recent 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.

<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Employer</b>	From:	To:
Address	Position Held	
City	State	Zip
Contact Person	Phone number	Reason for Leaving
<b>Explain any gaps in employment.</b>		

**EDUCATION**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities which you feel are relevant to the job you are applying for. You may exclude anything which would reveal gender, race, religion, national origin, age ancestry, disability, or any other protected status.


Describe any job-related training received in the United State Military which your feel is relevant to the job you are applying for.


**PERSONAL REFERENCES: List at least 3 personal references.**

Name: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address: \_\_\_\_\_

**Authorization for Investigation and Release of Information, and Release of Claims  
to be read and signed by applicant.**

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize Western Maine Supply Company to investigate all information set forth in my application, by contacting all my prior employers and other references set forth above, and by any and all other means authorized or permitted by law. I understand that if I am hired, omissions or false or misleading statements in this application or in interviews will be grounds for immediate termination of my employment.

I hereby release Western Maine Supply Company and any and all persons and organizations providing any information to Western Maine Supply Company for any and all claims and liabilities or any kind resulting from any such investigation or from the furnishing of any information and response to such an investigation.

I hereby understand and acknowledge that any employment relationship with Western Maine Supply company is of an "at will" nature. This means that all employment with the Company is of an indefinite duration, and terminable at any time for any reason, with or without notice, either by the employee or by the Company. The only persons who have the authority to bind the Company to employment on any other basis are the Company President and the Vice President, and any such agreement must be in writing and signed by one of them.

Signature \_\_\_\_\_

Dated \_\_\_\_\_

Print Full Name \_\_\_\_\_