



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (INCLUDE AREA CODE)	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	ON WHAT DATE CAN YOU START?	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (PLEASE LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

CONTINUED ON PAGE 2

NAME _____ DATE _____

REFERENCES (PLEASE LIST THE NAMES OF THREE TO FOUR PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	# OF YEARS KNOWN

AUTHORIZATION

I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if I am employed by Kennebec Technologies, Inc., falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein, and I authorize references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Kennebec Technologies, Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Kennebec Technologies, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

INTERVIEWER'S REMARKS

NEATNESS		CHARACTER			
PERSONALITY		ABILITY			
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR DEPT.	POSITION	REPORTING TO	SALARY WAGES	

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER