

# Northern Penobscot Tech Region III APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home phone ( )
	City, State, Zip			Business phone ( )
	Have you ever applied for employment with us? If yes, month and year			Month                      Year
	Are you available for full-time work? If not, what hours are you available?			Pay Expected
	How did you learn of our organization?			Will you work overtime if asked?
	Special training or skills (language, machine operation, etc)			When will you be able to start?

**“It is the policy of Northern Penobscot Tech Region III to ensure equal employment/educational opportunities/affirmative action regardless of race, sex, color, gender, national origin, marital status, religion, age, or disability in accordance with all federal and state legislation relative to discrimination.”**

Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, with what employee	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was your previous address?	How long at present address?                      Years:
State names of relatives and friends working for us other than your spouse.	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, national origin, sex, marital status, religion, age, or disability)

## EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did You Graduate?	Course of Study
High School			
College		Degree:	
Other			

## REFERENCES

Name	Telephone ( )	Years Known
Name	Telephone ( )	Years Known
Name	Telephone ( )	Years Known

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
Signature \_\_\_\_\_

## EMPLOYMENT HISTORY

Company Name	Telephone ( )
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Weekly Pay Start Last:
State Job Title and Describe Your Work	Reason for Leaving

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Address	Employed (State Month and Year) From: To:
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We may contact the employers listed above unless  
You indicate those you do not want us to contact.

### DO NOT CONTACT

Employer Number: Reason:

Employer Number: Reason: