eco maine	Qualified a	d applicants receive equal considerationecomaine is An Equal Opportunity Employer and, in								
64 Blueberry Road	accordance	ce with Local, State and Federal laws, does not discriminate based on sex, race, color, national								
Portland, ME 04102	origin, reli	gion, age, sexual orientation, physical or m	ental disability or arrest record.							
APPLICATION FOR EMPLOYMENT PERSONAL IDENTIFICATION:										
Name:	Social Sec	urity Number:								
Address:	Drivers Lie		State:							
ridiciss.	Phone #:		Suite.							
Zip Code:										
WORK PREFERENCE:										
Kind of work desired: Date available:										
Expected pay:										
List job benefits, other than pay, you expect or want in order of importance:										
Describe your prior experience in the kind of work you want:										
Describe any formal schooling or training for	this work.									
List any licenses, permits or certifications you	u may have:									
	1.									
List any special skills you may have (typing,	machine op	eration, etc.):								
Why did you apply to ecomaine for work?										
NOTE: Please indicate "yes" or "no" in every	hlank wher	requested on the rest of this page								
AVAILABILITY FOR WORK:	Utalik witer	requested on the fest of this page.								
Type of work: Full time	Part time	Temp., short/long term								
Shifts you will work Day	Afternoon	Graveyard Rotatin	g							
Days available Weekdays	Weekends	Holidays								
Will you work overtime?	Will you w	ork extra days?								
Do you plan to work elsewhere or attend scho	Do you plan to work elsewhere or attend school while working forecomaine?									
Do you have continuing military obligations	which might	affect your work schedule?								
PRESENT EMPLOYMENT:		PRIOR EVENTS:								
Are you presently employed?		Have you ever worked for or applied at ecomaine before?								
Do you have to give advance notice to your		Do you authorize us to contact your previo	bus							
		employers for references?								
		Have you ever been convicted of a law								
		violation other than a minor traffic violatio								
Do you authorize us to contact your present		A criminal record does not automatically bar								
employer for a reference?		employment.)								
DEDSONAL HEALTH.		OTHED INCODMATION.								
PERSONAL HEALTH:		OTHER INFORMATION: Do you have any friends or relatives work	ing							
		for ecomaine ? If so, who								
Can you perform the essential functions of		11 50, With								
the job you are applying for?		Are you legally entitled to work in the Un	ted States?							

EDUCATIO	NAL RECO	יחפר								
	EDUCATIONAL RECORD:									
	nd Name of last: ool Highest year completed (circle):			Location:			Did you graduate?			
rigii School		• • •			Average grade: Special courses:					
College or	Name:	4 5 6 7 8 9 10	11 12		urses.		Date left:			
				Location:						
University	Years atten	nded:			Degree: Date left:					
01				Scholarship average:						
Other				Location:						
(Graduate,				Was course completed? When? Scholarship average: Image: I						
Trade, etc.)	Subject:			Scholarshi	p average:					
EMPLOYMENT AND U.S. MILITARY RECORD (Give a complete account of your full time employment by starting with your present or most										
		U.S. MILITARY RE	CORD (Giv	ve a comple	te account	of your ful	I time employment by starting with your present or most			
recent position):										
Employer:				Address:			Phone:			
Main Duties:										
From:			tarting pay:		Leaving pay: Supervisor:					
What did you	ı like about	the job?			What did y	ou dislike	?			
Why did you	leave (or v	vant to leave)?								
Employer:				Address:			Phone:			
Main Duties:										
From:		To: S	tarting pay:		Leaving pa	ay:	Supervisor:			
What did you	ı like about				What did y	ou dislike	?			
Why did you	leave (or v	vant to leave)?								
		ods of unemployment	t (if you nee	ed more roc	m, please a	attach anot	her sheet):			
Emplo		Main Duties	From	То	Pay		Why did you leave?			
	~ <i>j</i> • -)					
			needs to be	filled out o	nly if you a	are hired by	comaine and is for our personnel records):			
# of depende	ents:	Marital status:	DOB:		Sex:	Height:	Weight:			
Person to not	tify in emer	gency:								
Address:						Phone:				
Name of spor	use (If any)	:								
Spouse's emp	oloyer:					Phone:				
Name of personal physician:										
Address: Phone:										
NOTE: THIS APPLICATION MUST BE SIGNED AND DATED BELOW TO BE ACCEPTED B Yecomaine .										
NOTE. THE				DITLU		O DL MCC	El TED D Reomaine.			
CEDTIEICATE OF ADDI ICANIT (Dead correctably before signing). All information manual deduces in the second correct to the base of the last										
CERTIFICATE OF APPLICANT (Read carefully before signing). All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be reason for subsequent dismissal. I hereby										
authorize any former employer, person, firm or corporation listed hereon, includin gcomaine , to answer any and all questions and agree to hold all										
persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not										
	a contract to employ me. If employed, I agree to comply with all rules of the company as a condition of continued employment. Furthermore, I									
understand that ecomaine may condition an offer of employment, or employment itself, on the results of a medical examination at any time, by a										

understand that **ecomaine** may condition an o physician selected and paid for by**ecomaine**.

Signature of applicant:_____