



Application for Employment

43 Leighton Road
 Augusta, ME 04330*
 207-626-2726
 207-626-8163 (fax)
 ddow@kpprx.com

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
 PLEASE PRINT**

839 Commercial Street
 Rockport, ME 04856
 207-594-0888
 207-594-0889 (fax)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**Please forward resume
 to Augusta location*

PERSONAL INFORMATION

Name (Last, First & MI)		Social Security Number	
Present Address	City	State	Zip Code
Telephone Number		Email address	
Do you have a legal right to be employed in the United States? <input type="checkbox"/> Yes (proof required) <input type="checkbox"/> No		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DESIRED EMPLOYMENT

Position applying for	I would like to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part time (___ hours per week) <input type="checkbox"/> Per Diem
Date you can start	Salary Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who referred you to this company?
If not, when was your last day employed?	
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates employed: Position:	Reason for leaving

EDUCATION Please provide proof of college degrees and certifications.

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

SPECIAL SKILLS Please check the skills for which you have received training and describe as appropriate.

<input type="checkbox"/> Subjects of special study or research work:		
<input type="checkbox"/> Special Training:		
<input type="checkbox"/> Special Skills:		
<input type="checkbox"/> Computer programs/software used:		
<input type="checkbox"/> Word Processing (WPM _____)	<input type="checkbox"/> Data Entry	<input type="checkbox"/> 10 – Key Calculator

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT

Company Name	Position(s) held		
Address, City, State, Zip	Dates worked	From	To
Phone No. ()	Duties/Responsibilities		
Type of Business			
Name of Supervisor	Hours worked per week		
Weekly starting wage per hour	Ending wage per hour		
Reason for leaving			

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Reason for leaving			

WORK REFERENCES

Name	Years known	Relationship and Title	
Company			
Work Address	City	State	Home Phone Work Phone

Name	Years known	Relationship and Title	
Company			
Work Address	City	State	Home Phone Work Phone

Name	Years known	Relationship and Title	
Company			
Work Address	City	State	Home Phone Work Phone

SERVICE RECORD

Branch of Service	Rank/Title
Are you presently in active reserve status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date/Type

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain. (It will not necessarily exclude you from consideration).

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date