

Branch Locations
Naples Portland South Portland Windham
225 Riverside Street • P.O. Box 1038 • Portland, ME 04104-1038 • (207) 221-5000

## **Application for Employment**

			]	Date of Applicat	ion
Position(s) Applied For					
I. Personal Back	kground				
Name					
Last Address		First		Middle	
Address Number Telephone	Street		City Social Security #		Zip Code
Are you a United States	Citizen? Yes	s No			
If you are not a U.S. Cit	izen, do you haνε	e proof of your	r immigration status?	Yes No	0
On what date will you b	e available to beg	gin work?			
Can you travel if your jo	ob requires it?	Yes No			
What foreign languages	are you able to s	peak?			
Read?			Write?		
Have you submitted an	application for en	nployment her	re before? Yes	No When?	
List any professional, trace, religion status).	n, national origin,	age, ancestry,	, handicap or other pr	rotected	memberships which would
Referral source: Ad	vertise <b>m</b> ent	Friend	Relative	Walk-in	Employment Agency
Other (please explain					

## II. Employment History

Please provide the following information for each of the last three positions you have held, starting with the most recent				
Name of Employer				
Address	Street			
			State	Zip Code
[elephone				
ob title and nature of w	ork performed and job resp	onsibilities?		
mmediate Supervisor ar	nd title			
Dates of employment				
Reason for leaving				
Rate of pay or salary				
Name of Employee				
AddressNumber	Street	City	State	Zip Code
		onsibilities?		
	1 3 1			
Dates of employment				
Reason for leaving				
Rate of pay or salary				
Nama of Employer				
Address Number	Street	City	State	Zip Code
Геlephone		•		-

Job title and nature of work performed and job respons	sibilities?		
Immediate Supervisor and title			
Dates of employment			
Reason for leaving			
Rate of pay or salary			
III. Educational Background  Please provide the following information for every sec	condary and post-secondary	institution you atte	ended.
Name of institution			
Address		State	Zip Code
Degree received or course of study completed			
Areas of Concentration			
Name of Institution			
Address Number Street Dates of attendance	City	State	Zip Code
Degree received or course of study completed			
Areas of concentration_			
Attach additional sheets as needed.			
IV. References			
Please provide the following for each of the three refer	rences.		
Name			
Address	City	State	Zip Code
Telephone			
Nature of relationship			

Name				
Number	Street	City	State	Zip Code
Telephone		Years known		
Nature of relationship				
Name				
Address	Street	a.	9	7: 0.1
			State	Zip Code
Telephone		Years known		
Nature of relationship				
V. Skills and Q	ualifications			
v. Skiiis alia Q	damications			
		specials skills, experience or qu		
VI. Disclosures	1			
We may procure or requestion		estigative consumer report as par	t of our procedu	re for processing your
friends or others with w		nation is obtained through person This inquiry includes information iving.		
•	*	s within a reasonable period of ti ne nature and scope of this inves		ete and accurate
		because of information contain the person or persons making the		we shall so inform you
Signature of Applicant			Date	



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## Consent

By signing this application, I signify that I understand and agree that the employer may, and hereby grant the employer the right to contact any or all the persons, entities or institutions listed by me above. I further grant the employer the right to obtain any additional information about me, including but limited to my credit history, consumer reports, including investigative consumer reports, and criminal records on file with any Federal, State or local law enforcement authorities or agencies. If I am employed, the right to obtain all of this information will continue on the part of the employer until such time as my employment is terminated.

Signature of Applicant	Date