



S.W. COLLINS CO.

The Pioneer Lumber Yard

Application for Employment

S.W. COLLINS COMPANY

P.O. BOX 70

CARIBOU, MAINE 04736-0070

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND COMPLETE ALL SECTIONS OF THE APPLICATION ACCURATELY.
S.W. COLLINS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AGAINST ANY
APPLICANT ON THE BASIS OF ANY CHARACTERISTIC THAT IS PROTECTED BY STATE AND FEDERAL LAW.

Name: _____ Email: _____

Position Applied For: _____ Date Of Application: _____ Date You Can Start: _____

Valid License #: _____ State: _____ Endorsements: _____

Present Address:

_____ Street _____ City _____ State _____ Zip

Permanent
Address (If Different)

_____ Street _____ City _____ State _____ Zip

Telephone #s _____

Home

Work

Cell

ARE YOU LAWFULLY ELIGIBLE TO WORK IN THE U.S.? YES NO (Check One)

EMPLOYEMNT DESIRED: CHECK ALL APPLICABLE. UNCHECKED ITEMS ARE ASSUMED TO BE "NO".

	YES	NO		YES	NO
Full Time	<input type="checkbox"/>	<input type="checkbox"/>	Days	<input type="checkbox"/>	<input type="checkbox"/>
Part Time	<input type="checkbox"/>	<input type="checkbox"/>	Evenings	<input type="checkbox"/>	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been employed under a different name? Yes No (Check One)

If so what name?

Have you ever applied to S.W. Collins Company: Yes No (Check One)

If so, when? _____ Under what Name: _____

Do you have any relatives employed by S.W. COLLINS COMPANY? Yes No (Check One)

If yes, Name: _____ Relationship: _____

EDUCATION:

Name/Location	# of Years	Degree	Subject
High School			
College			
Vocational			
Specialized Training			

PROFESSIONAL REFERENCES: PLEASE LIST AT LEAST THREE INDIVIDUALS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. WORK REFERENCES ARE STONGLY RECOMMENDED.

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS KNOWN
(1)			
(2)			
(3)			

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL PREVIOUS EMPLOYERS AND PROVIDE A DESCRIPTION OF YOUR DUTIES. IF APPLICABLE, INCLUDE MILITARY AND UNPAID VOLUNTEER EXPERIENCE, AND PROVIDE AN EXPLANATION OF DATES OF UNEMPLOYMENT. ADDITIONAL SHEETS MAY BE ATTACHED IF NEEDED. YOU MAY ALSO ATTACH A RESUME, BUT THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY .

DATES EMPLOYED: _____

EMPLOYERS NAME: _____

ADDRESS: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

SUPERVISOR: _____ **TITLE:** _____

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ **YES** _____ **NO**

PLEASE LIST YOUR DUTIES AND RESPONSIBILITIES: _____

DATES EMPLOYED: _____

EMPLOYERS NAME: _____

ADDRESS: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

SUPERVISOR: _____ **TITLE:** _____

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ **YES** _____ **NO**

PLEASE LIST YOUR DUTIES AND RESPONSIBILITIES: _____

DATES EMPLOYED: _____

EMPLOYERS NAME: _____

ADDRESS: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

SUPERVISOR: _____ **TITLE:** _____

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ **YES** _____ **NO**

PLEASE LIST YOUR DUTIES AND RESPONSIBILITIES: _____

DATES EMPLOYED: _____

EMPLOYERS NAME: _____

ADDRESS: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

SUPERVISOR: _____ **TITLE:** _____

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: _____ **YES** _____ **NO**

PLEASE LIST YOUR DUTIES AND RESPONSIBILITIES: _____

PLEASE EXPLAIN ALL DATES OF UNEMPLOYMENT:

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PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US WHEN CONSIDERING YOUR APPLICATION

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I CERTIFY THAT THE FACTS CONTAINED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS, AS WELL AS MISREPRESENTATIONS OR OMISSIONS, ON THIS APPLICATION MAY RESULT IN TERMINATION.

I AUTHORIZE THE EMPLOYERS, SUPERVISORS, AND REFERENCES PROVIDED OR DISCOVERED DURING MY APPLICATION PROCESS TO GIVE S.W. COLLINS COMPANY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL SUCH ENTITIES FROM ALL LIABILITY FOR ANY DAMAGE OR INJURY THAT MAY RESULT FROM FURNISHING THE SAME TO S.W. COLLINS COMPANY.

I UNDERSTAND THAT EMPLOYMENT WITH THIS COMPANY IS "AT-WILL" WHICH MEANS THAT EITHER I OR THIS COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND FOR ANY REASON NOT PROHIBITED BY STATUTE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

DATE CALLED _____ DATE INTERVIEWED _____ TIME _____

INTERVIEWING MANAGER _____ LOCATION _____

DATE HIRED _____ SALARY _____