

# Job Application

Print & Mail to: Misty Harbor Inc. 60 Mile Rd, Wells, ME 04090

Today's Date Request		Social Security No.: Upon	
NAME (First)	(Middle Initial)	(Last)	
STREET ADDRESS			
CITY/TOWN		STATE	ZIP
PHONE (Cell)	PHONE (Home)	PHONE (Alternate)	
BEST TIME TO CALL			
Are you related to any MH/SM employees:		YES	NO
If yes, Name/Position:			
Desired Position:	Start Date:	Desired Wage:	

## Work Availability (Note Days & Hours you are available)

SUN	MON	TUES	WED	THUR	FRI	SAT

- YES      NO      Are you currently employed?
- YES      NO      May we contact your current employer?
- YES      NO      Do you have your own transportation to work?
- YES      NO      Are you legally able to work in the United States?
- YES      NO      Do you speak a foreign language fluently?  
 What Language(s) \_\_\_\_\_

## EDUCATION HISTORY

High School, Name & Address	Years Attended	Date Graduated	Subject Studied

College, Name & Address	Years Attended	Date Graduated	Subject Studied

Trade/Business, Name & Address	Years Attended	Date Graduated	Subject Studied

Subjects of special interest or research: \_\_\_\_\_

Other activities (civic, athletic, etc.): \_\_\_\_\_

## FORMER EMPLOYMENT RECORD

Starting with your most current employment; please list your last three (3) employers

Dates MM/YY	Company Information	Salary	Position	Reason for leaving
From	Name			
	Address			
To	Contact			
	Phone			
From	Name			
	Address			
To	Contact			
	Phone			
From	Name			
	Address			
To	Contact			
	Phone			

**REFERENCES**

List the name of two (2) people not related to you, whom you have know for more than one (1) year.

Name:	Name:
City/State:	City/State:
Contact #:	Contact #:
Business/Prof.:	Business/Prof.:
Business/Prof.:	Business/Prof.:

**PHYSICAL RECORD**

Do you have any health problems or physical limitations, which could affect your ability to perform the job for which you have, applied? **YES** **NO**

Do you now or have you had, within the last 6 months, any contagious or continuous diseases, or gastro-intestinal infections, or have you ever had hepatitis or salmonella? **YES** **NO**

If YES, please explain in detail: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

**SIGNATURE** \_\_\_\_\_

**BUSINESS USE ONLY – DO NOT WRITE IN THE AREA BELOW**

Interviewed by:	Date:
Remarks:	
Time/Days needed off:	
Pre-planned vacation dates:	
Seasonal Employee / Date of last day:	
Hired/Position:	
Start Date:	Pay Rate: