

**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: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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)

EMPLOYMENT 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: \_\_\_\_\_

Have you ever been convicted of A crime or pled guilty "nolo," or no contest?  
 Yes  No (Check One) (This Will Not Necessarily Affect Your Eligibility)

If yes, please explain:

\_\_\_\_\_

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 |
|-----------------------------|------------|--------|---------|
| <b>High School</b>          |            |        |         |
|                             |            |        |         |
| <b>College</b>              |            |        |         |
|                             |            |        |         |
| <b>Vocational</b>           |            |        |         |
|                             |            |        |         |
| <b>Specialized Training</b> |            |        |         |
|                             |            |        |         |

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

\_\_\_\_\_

—

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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\_\_\_\_\_

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\_\_\_\_\_

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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 \_\_\_\_\_