



MAINE MILITARY SUPPLY, INC.

179 MAIN ROAD
HOLDEN, MAINE 04429
207-989-6783
INFO@MAINEMILITARY.COM

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

INCOMPLETE INFORMATION COULD DISQUALIFY YOU FROM FURTHER CONSIDERATION. PLEASE COMPLETE ALL FIELDS.

NAME _____ DATE _____

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE # _____ MOBILE PHONE # _____

ARE YOU ELIGIBLE TO WORK IN THE U.S? YES NO

ARE YOU AT LEAST 18 YEARS OR OLDER? YES NO (IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK.)

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES NO IF YES, YEAR GRADUATED _____

DO YOU HAVE A COLLEGE DEGREE? YES NO IF YES, YEAR GRADUATED _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN BY AN EMPLOYER? YES NO

IF YES, PLEASE PROVIDE COMPANY NAMES AND DETAILS _____

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING COMPANY POLICIES? YES NO

IF YES, PLEASE PROVIDE COMPANY NAMES AND DETAILS _____

ARE YOU WILLING TO REPORT TO WORK ON TIME ON A REGULAR AND CONSISTENT BASIS? YES NO

UPON BEING HIRED ARE YOU WILLING TO WORK IN A PLACE THAT HAS AUDIO & VIDEO RECORDINGS? YES NO

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? YES NO

DO YOU KNOW HOW TO TYPE? YES NO If so, how many words per minute? _____

EMPLOYMENT DESIRED

DATE YOU CAN START _____ HOURLY RATE/SALARY DESIRED _____

POSITION DESIRED _____

ARE YOU CURRENTLY EMPLOYED? YES NO

If so, may we inquire of your present employer? YES NO

CAN YOU WORK ANY SHIFT? YES NO

CAN YOU WORK OVERTIME? YES NO

HOURS AVAILABLE:

SATURDAY: _____ TO _____, SUNDAY: _____ TO _____

MONDAY: _____ TO _____, TUESDAY: _____ TO _____

WEDNESDAY: _____ TO _____, THURSDAY: _____ TO _____

FRIDAY: _____ TO _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING INCLUDING LIFTING UP TO 50LBS? YES NO

OVER

EMPLOYMENT HISTORY LIST YOUR LAST 4 EMPLOYERS OR GO BACK 5 YEARS

1. EMPLOYER: _____ EMPLOYER PHONE NUMBER: _____
ADDRESS: _____
SUPERVISOR: _____ PAY: \$ _____
POSITION DESCRIPTION: _____
EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____
2. EMPLOYER: _____ EMPLOYER PHONE NUMBER: _____
ADDRESS: _____
SUPERVISOR: _____ PAY: \$ _____
POSITION DESCRIPTION: _____
EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____
3. EMPLOYER: _____ EMPLOYER PHONE NUMBER: _____
ADDRESS: _____
SUPERVISOR: _____ PAY: \$ _____
POSITION DESCRIPTION: _____
EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____
4. EMPLOYER: _____ EMPLOYER PHONE NUMBER: _____
ADDRESS: _____
SUPERVISOR: _____ PAY: \$ _____
POSITION DESCRIPTION: _____
EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____

DO YOU HAVE ANY SPECIAL SKILLS, EXPERIENCE AND/OR TRAINING THAT WOULD ENHANCE YOUR ABILITY TO PERFORM THE POSITION APPLIED FOR? IF YES, PLEASE EXPLAIN. _____

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE (3) YEARS.

1. NAME: _____ YEARS ACQUAINTED _____
EMAIL: _____ PHONE #: _____
COMPANY: _____
2. NAME: _____ YEARS ACQUAINTED _____
EMAIL: _____ PHONE #: _____
COMPANY: _____
3. NAME: _____ YEARS ACQUAINTED _____
EMAIL: _____ PHONE #: _____
COMPANY: _____

I UNDERSTAND BY SIGNING BELOW THE INFORMATION PROVIDED IS CORRECT AND TRUE. IF ANY INFORMATION CONTAINED HERE IS FOUND TO BE FALSE AND/OR MISLEADING, IT'S GROUNDS FOR DISMISSAL. PLEASE ATTACH RESUME IF AVAILABLE.

SIGNED: _____ DATE: _____