



OLD TOWN TRADING POST

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EMPLOYMENT APPLICATION

APPLICANTS SHALL COMPLETE THIS FORM AND SUBMIT IN-PERSON ALONG WITH A RESUME

FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS _____

E-MAIL ADDRESS _____

MOBILE PHONE # _____

ARE YOU ELIGIBLE TO WORK IN THE U.S? (CIRCLE ONE) YES NO

ARE YOU AT LEAST 18 YEARS OR OLDER? (CIRCLE ONE) YES NO

ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO, MARIJUANA OR ANY DEPRESSANT, STIMULANT, NARCOTIC

OR CONTROLLED SUBSTANCE? (CIRCLE ONE) YES NO

HAVE YOU EVER BEEN CONVICTED OF DOMESTIC VIOLENCE? (CIRCLE ONE) YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (CIRCLE ONE) YES NO

HIGHEST LEVEL OF EDUCATION (CIRCLE ONE) ELEMENTARY HIGHSCHOOL COLLEGE

DIPLOMAS / DEGREES: _____ INSTITUTION: _____ YEAR: _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT? (CIRCLE ONE) YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING COMPANY POLICIES? (CIRCLE ONE) YES NO

IF YES, EXPLAIN _____

DO YOU HAVE A VALID DRIVER'S LICENSE? (CIRCLE ONE) YES NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? (CIRCLE ONE) YES NO

DO YOU KNOW HOW TO TYPE? (CIRCLE ONE) YES NO

PLEASE LIST ANY COMPUTER SKILLS OR PROGRAMS THAT YOU HAVE TRAINING OR EXPERIENCE WITH:

DATE YOU CAN START _____ / _____ / _____ HOURLY RATE/SALARY DESIRED _____

DESIRED POSITION: _____ PREFERRED LOCATION: OLD TOWN LINCOLN

EMPLOYMENT DESIRED: (CIRCLE ONE) FULL-TIME PART-TIME

ARE YOU CURRENTLY EMPLOYED? (CIRCLE ONE) YES NO

IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? (CIRCLE ONE) YES NO

CAN YOU WORK WEEKENDS? (CIRCLE ONE) YES NO

CAN YOU WORK EARLY OR LATE HOURS? (CIRCLE ONE) YES NO

ARE YOU ABLE TO LIFT UP TO 50LBS? (CIRCLE ONE) YES NO

WILLING TO COMPLETE A CRIMINAL HISTORY BACKGROUND CHECK? (CIRCLE ONE) YES NO

EMPLOYMENT HISTORY: LIST YOUR LAST 3 EMPLOYERS OR GO BACK 5 YEARS

1. EMPLOYER: _____ City, State: _____

EMPLOYER PHONE NUMBER: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____

2. EMPLOYER: _____ City, State: _____

EMPLOYER PHONE NUMBER: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____

3. EMPLOYER: _____ City, State: _____

EMPLOYER PHONE NUMBER: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING: _____

NAME (2) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST (3) YEARS.

1. NAME: _____ YEARS KNOWN: _____

EMAIL: _____ PHONE #: _____

RELATIONSHIP: _____

2. NAME: _____ YEARS KNOWN: _____

EMAIL: _____ PHONE #: _____

RELATIONSHIP: _____

PLEASE LIST ANY SPECIAL SKILLS, EXPERIENCE, OR TRAINING THAT MAY APPLY TO THE DESIRED POSITION

PLEASE LIST ANY WORK-RELATED RESTRICTIONS THAT WE SHOULD BE MADE AWARE OF

PLEASE LIST ANY PERSONAL INTEREST, HOBBIES, OR ACTIVITIES YOU ENJOY DOING

PLEASE LIST ANY QUESTIONS, CONCERNS, OR COMMENTS

SIGNING BELOW ACKNOWLEDGES THAT THE INFORMATION PROVIDED IS CORRECT AND TRUE AND THAT IF ANY INFORMATION CONTAINED HERE IS FOUND TO BE FALSE AND/OR MISLEADING, WILL RESULT IN A DISMISSAL OF APPLICATION.

SIGNED: _____

DATE: ____/____/____