

295 Main Street - Pittsfield, ME 04967 - www.mci-school.org - 207-487-3355 - Fax 207-487-3512

## **Employment Application**

Date:					
Position Applied For		<u> </u>	Date Available for Work		
Name (last)		(first)	(middle)	Telephone #	
Present Address (no., street, city	and zip code	)		I	
If hired, are you legally able to	be employed	in the USA ar	nd able to provide the proper do	cuments?	
Were you ever previously employed by MCI?	☐ Yes ☐ No	Dates	Department & Position	Supervisor's Name	
List any friends or relatives working at MCI?	Name	<u>l</u>	Department	Position	
Email address:				l	
How were you referred to MCI?	Advertisem	ent (where)	Employee (who)	Other (specify)	
Are you willing to work any day, shift, or Yes hours assigned by MCI?			If no, what days or shifts are you not available?		
Military Service/Branch?			Highest Rank	Type of Discharge	
Are you a member of any reserve unit?  Yes  No			If yes, what unit, then briefly describe the nature of your duties.		
Do you have other employment, own or Yes operate a business that would continue? No			If yes, what are your hours, and the nature of your business?		
Do not disclose any arrest, deten	tion or other	disposition re	garding any violation of law for	which no conviction resulted:	
Have you ever been convicted of	a crime?	Yes No			
If yes, please explain:					
	, age, marital	status, vetera		e, color, religion, sex, sexual preference, disability. We offer reasonable bility.	

			Da	ites	Years	Did you	Degree
Education	Name & Location of School	Course of Study	From	То	Completed	Graduate?	Received
High School							
College/Univ.							
Technical School							

Employment History (Start with your present or last job, and list all employers during the past 15 years, or your last 4 employers, if over a longer period. Do not omit any employer or requested information within this period. If past employers know you by another name, please so indicate. (If you need additional space, continue on a separate sheet of paper.)

				<b>Employment History</b>				
	Dates E	Employed	Employer's Name & Add	Employer's Name & Address				
	From	То						
1.	Starting Position		Supervisor's Name	Supervisor's Title	Telephone #			
	Last Position		Describe Your Duties & Responsibilities					
			Reason for Leaving					
			T					
2.	Dates Employed From To		Employer's Name & Address					
	Starting Posit	tion	Supervisor's Name	Supervisor's Title	Telephone #			
	Last Position		Describe Your Duties & Responsibilities					
			Reason for Leaving					
3.	Dates Employed From To		Employer's Name & Address					
	Starting Posit	tion	Supervisor's Name	Supervisor's Title	Telephone #			
	Last Position		Describe Your Duties & Responsibilities					
			Reason for Leaving					
4	Prom	Employed To	Employer's Name & Address					
	Starting Posit	tion	Supervisor's Name	Supervisor's Title	Telephone #			
	Last Position		Describe Your Duties & Responsibilities					
			Reason for Leaving	Reason for Leaving				

Special Skills & Qualifications					
Summarize special skills and qualifications acquired from employment or other experience.					
Applicant's Statement					
I certify that answers given herein are true and complete. I authorize investigation of all statements in this application. I authorize Maine Central Institute to contact prior employers and references I have given. I release all such persons from liability to me for providing any opinions or information, to induce them to respond candidly to such inquiries.					
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Accepting applications does not necessarily mean that current openings exist. All offers of employment are conditioned on the satisfactory outcome of a required criminal history back-ground and fingerprint check and any required job-related medical examination and/or inquiry, and upon the applicant being able to perform the essential functions of the position with or without reasonable accommodation.					
The applicant understands that neither this applied employer constitute an employment contract understands by the employer and employee. The Maine Central Institute is terminable at will, with	less a specific written document to that effect e applicant understands that employment at				
I understand that false or misleading information application or interview process may result in dealso understand that I am required to abide by all may change in its sole discretion.	enial of or termination from employment. I				
Signature of Applica	nnt Date				
DO NOT WRITE BELOW THIS LINE					
INTERVIEWED BY:	DATE:				
REMARKS:	·				
DATE HIRED:	DEPARTMENT:				
SALARY/WAGE FULL TIME OR PART TIME?					