

GERALD MacKENZIE INC.
General Contractor
PO Box 220 • Waterville, Maine • 04903
(207) 873 – 7837

APPLICATION FOR EMPLOYMENT

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SOCIAL SECURITY NUMBER: _____

Please answer the following:

Are you a United States Citizen? **YES** **NO**

Have you ever been convicted in a Criminal Court Action? **YES** **NO**

Do you have a valid Motor Vehicle Operators License? **YES** **NO**

Type of License: _____

Restrictions: _____

APPLYING FOR POSITION OF: _____

WHAT ARE YOUR PAY REQUIREMENTS? _____

WHEN CAN YOU START? _____

EDUCATION:

Name and location of school: Degree or Years Attended Major Subject of Study

High School: _____

College, if any: _____

Other? _____

EMPLOYMENT: Give present or most recent place of employment first.

Name and Address of Employer: From/To Reason for Leaving

EXPERIENCE:

List any machine or equipment you operate:

Describe briefly any special job experience or qualifications:

PERSONAL REFERENCES: (Former Employers, Relatives or Friends)

Name:	Address:	Phone:	Years Acquainted:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to submit myself to post offer Drug and Alcohol Testing in accordance with State and Federal Laws. I understand that the results of same will be a factor used in evaluating me for employment.

All offers of employment are conditional upon right to work in the United States, and such proof will be required before employment.

If the Company should give me employment, I understand that my employment is for no stated period and is subject to termination at any time. I agree that the Company's liability to me for wages or salary is limited to the amount earned by me as of the date of such termination.

I understand that this application is the property of the Company and may be retained by them permanently.

I hereby affirm that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any information, which, if disclosed, might affect my employment.

SIGNED: _____ **DATE:** _____

FOR OFFICE USE ONLY:
