



MAINE MILITARY SUPPLY, INC.

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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

IN CASE OF EMERGENCY CONTACT: _____ PHONE _____

YOUR PHYSICIAN: _____ PHONE _____

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? _____

ON A SCALE OF 0 TO 5 (5 BEING THE HIGHEST) RATE YOUR KNOWLEDGE OF THE FOLLOWING:

- | | |
|-------------------------|-------------|
| SOCIAL MEDIA | 0 1 2 3 4 5 |
| MICROSOFT OFFICE | 0 1 2 3 4 5 |
| QUICKBOOKS/ACCOUNTING | 0 1 2 3 4 5 |
| WEBSITE BUILDING/DESIGN | 0 1 2 3 4 5 |
| GRAPHIC/VIDEO DESIGN | 0 1 2 3 4 5 |

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

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

HOURS AVAILABLE:

SUNDAY: _____ TO _____

MONDAY: _____ TO _____

TUESDAY: _____ TO _____

WEDNESDAY: _____ TO _____

THURSDAY: _____ TO _____

FRIDAY: _____ TO _____

SATURDAY: _____ TO _____

EMPLOYMENT HISTORY

LIST YOUR LAST 4 EMPLOYERS OR GO BACK 5 YEARS

USE ADDITIONAL PAPER IF NECESSARY

1. EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ TO _____ EMPLOYER PHONE NUMBER: _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ TO _____ EMPLOYER PHONE NUMBER: _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ To _____ EMPLOYER PHONE NUMBER: _____

REASON FOR LEAVING: _____

4. EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PAY: \$ _____

POSITION DESCRIPTION: _____

EMPLOYED FROM _____ To _____ EMPLOYER PHONE NUMBER: _____

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: _____

EMAIL: _____

PHONE #: _____ YEARS ACQUAINTED _____

COMPANY: _____

2. NAME: _____

EMAIL: _____

PHONE #: _____ YEARS ACQUAINTED _____

COMPANY: _____

3. NAME: _____

EMAIL: _____

PHONE #: _____ YEARS ACQUAINTED _____

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.

SIGNED: _____ DATE: _____

PLEASE BE SURE TO INCLUDE AN UP TO DATE RESUME WITH THE APPLICATION.