



Maine Staffing Group

Project Staffing Inc., Variable Employment Inc., Special Teams Inc.,
One Source Preferred Inc., Project Flagging Inc.

APPLICATION FOR EMPLOYMENT

Completion of this employment application will in no way constitute an offer or guarantee of employment.

Today's Date _____ Last Name _____ First Name _____ Middle Initial _____ (Maiden Name) _____

Address _____ Mailing Address (if different) _____ Social Security Number _____

City, State, Zip Code _____ City, State, Zip Code _____ Home Telephone: _____

Alternate Telephone: _____

Have you ever applied for employment with us in the past? _____ Do you have: Answering Machine? Yes ___ No ___

Yes ___ No ___ If yes, when and where? _____ Caller ID? Yes ___ No ___

Voicemail? Yes ___ No ___

Are you 18 years old or older? If not 18, can you furnish a wok permit if needed? _____

How did you hear of us? _____

Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

(Proof of citizenship or immigration status will be required if employed) Yes ___ No ___

Have you been convicted of a felony? Yes ___ No ___ If yes, please explain: _____

Position Applied for: _____ Available starting date: _____ Acceptable starting pay: _____ Shifts available: _____

(circle all that apply) 1st 2nd 3rd

Days of Week Available? (circle all that apply) M T W Th F S Sun

Do you have any impairments, physical, mental, or medical that would interfere with your ability to do the job which you have applied? Yes ___ No ___

If yes, please explain: _____

Do you possess a valid drivers license? Yes ___ No ___ Do you have your own transportation? Yes ___ No ___

How far(in minutes) are you willing to travel to work: _____ minutes.

If no, please describe how you plan on getting to and from work: _____

EMPLOYMENT HISTORY

Company _____ Address _____ Phone _____

Dates: From _____ To _____ Pay: Start _____ End _____ Supervisor _____

Duties _____ Reason for leaving _____

Company _____ Address _____ Phone _____

Dates: From _____ To _____ Pay: Start _____ End _____ Supervisor _____

Duties _____ Reason for leaving _____

Company _____ Address _____ Phone _____

Dates: From _____ To _____ Pay: Start _____ End _____ Supervisor _____

Duties _____ Reason for leaving _____

Company _____ Address _____ Phone _____

Dates: From _____ To _____ Pay: Start _____ End _____ Supervisor _____

Duties _____ Reason for leaving _____

Company _____ Address _____ Phone _____

Dates: From _____ To _____ Pay: Start _____ End _____ Supervisor _____

Duties _____ Reason for leaving _____

Person to notify in case of emergency: _____ Telephone number(s): _____

- | | | | | | |
|---|--|---|--|---|--|
| Augusta
183 State Street,
Suite 102
(800) 456-7621
Fax: 622-5987 | Bangor
139 State Street
(800) 303-4002
Fax: 973-3977 | Biddeford
483 A Elm Street
(888) 239-9623
Fax: 283-6529 | Brunswick
22 Parkers Way,
PO Box 490
(800) 639-8802
Fax: 729-5246 | Lewiston
675 Main Street
(888) 786-0791
Fax: 782-0059 | Portland
1001 Forest Ave.
(877) 797-7705
Fax: 797-6151 |
|---|--|---|--|---|--|

Please list all special skills, training and knowledge you possess relating to the job position, including any special licenses or certifications you hold:

Have you ever served in any branch of the military? Yes___ No___

Are you presently a member in the National Guard or Reserve? Yes___ No___

Have you ever had any job related training/or experience in the U.S. Military that you would like considered for evaluation purposes:

Education: Please list, starting with high school and including college and/or vocational training

School name and location (city, state)	Courses of study	Graduate?
_____	_____	Yes___ No___
_____	_____	Yes___ No___
_____	_____	Yes___ No___

Please list three additional work or business references, not related to you, that you have known for at least one year:

Name	Address and phone	Years acquainted
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of a non-job related medical condition or handicap.

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION:

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Maine Staffing Group and its member companies.

I certify that the answers given herein are true and complete to the best of my knowledge.

I understand that if I am a claimant for Unemployment Compensation Benefits that failure to report for an accepted interview or work may effect my eligibility for Unemployment Compensation Benefits.

Signature of Applicant

Date

FOR OFFICE USE ONLY

ACCOUNT MANAGER: _____

Name: _____

Date: _____

INDUSTRIAL

Please circle the skills or relevant work experience you have qualifications for:

Warehouse

Forklift Operator:

Certified? Y N

Shipping

Receiving

Order Selector

Inventory

Packing

Assembly

Construction:

Framing, Roofing, Masonry, Tile,
Demolition, Carpentry-Rough,
Carpentry-Finish, Drywall/Finish, Other: _____
Have own tools? Y N

Plumbing: ___ Helper ___ Licensed

HVAC: ___ Helper ___ Licensed

Equipment Operator: (circle all that apply)

Front End Loader, size _____, Dozer, Skidder, Boom-Lift, Scissor-Lift, Skid-Steer,

Excavator, size _____ Crane: type and size: _____

Other Skills Not Listed Above – be specific: _____

Autobody

Welding: MIG TIG Stick

Boat Building:

Fiberglass, Wooden

Painting:

Interior Exterior

Wallpapering

Residential Commercial

Own Equipment? Y N

Driver: Class A Class B

Doubles? Y N Triples? Y N

Flatbed? Y N Refridg. Vans Y N

Can you provide proof of clean record? Y N

Sheetmetal: ___ Helper ___ Professional

Electrical: ___ Helper ___ Licensed

Pipefitter: ___ Helper ___ Professional

OFFICE SUPPORT / CLERICAL

Please circle the skills or relevant work experience you have qualifications for:

Multi-Line Phone, #lines? _____

Filing: Alpha Numerical

Computer Programs: (circle all that apply)

Switchboard

Data-Entry: Alpha Numerical

Microsoft Office Products & versions of:

(circle or check-off all products & versions that apply)

PC Operating Systems, etc:

(circle all products & versions that apply)

Windows Operating Systems:
ver.97- 98, 2000, ME, XP

Macintosh

Linux

MAS 90 (State of Maine)

AS-400

Can You... ?
Mail Merge _____
Create Forms _____
Formulas _____
Charts/Graphs _____
Flowcharts _____
Macros _____

MS Word: ver 98, ver. 2000
 Beginner Intermediate Advanced

MS Excel: ver 98, ver. 2000
 Beginner Intermediate Advanced

MS Powerpoint: ver 98, ver. 2000
 Beginner Intermediate Advanced

MS Outlook: ver 98, ver. 2000
 Beginner Intermediate Advanced

MS Access: ver 98, ver. 2000
 Beginner Intermediate Advanced

Other Software: (indicate any/all that apply)

Quickbooks or Quickbooks PRO Accounting, version? _____ **Peachtree Accounting?** Version? _____

Lotus Notes, WordPerfect, Others? _____

Graphics Programs: AutoCAD, Microstation, Adobe Photoshop, others? _____