

138 High Street #343 Ellsworth, ME 04605

Phone: (207) 259-4407

Employment Application

ALL SECTIONS MUST BE COMPLETED IN FULL EVEN IF A RESUME IS INCLUDED:

PERSONAL:			
Name:	Today's Date:		
Social Security Number:	Driver's License # & State:		
Phone Numbers: (Home)	(Cell)		
Email Address:			
Address:	City:	State:	Zip Code:
Previous addresses for the last five years:			
Address:	City:	State:	Zip Code:
Address:	City:	State:	Zip Code:
Address:	City:	State:	Zip Code:
Are you at least 18 years old? □Yes □No	If no, are you younger than	n 16?	□Yes □No
What is your date of birth?			
Have you ever been disciplined, suspended, discharged,	, or asked to resign from a join	b for any reason	?
□Yes □No If yes, please explain:			
Position Desired:			
On what date would you be able to start work?			· · · · · · · · · · · · · · · · · · ·
Please list any schedule preferences you may have			

EMPLOYMENT:

Have you ever applied for work at Coastal Maine General Contracting, Inc. before? □Yes □No				
If yes, when?				
Are you currently employed?	□Yes □No □Temporary Layoff □Permanent Layoff			
We need to know about your last three section.	e employers. If you have never been employed, please proceed to the References			
Current or Last Employer:				
Company:	Address:			
Telephone Number:	Supervisor's Name & Title:			
Position:	Dates Worked (From-To):			
Rate of Pay:	Duties:			
Previous Employers:				
Company:	Address:			
Telephone Number:	Supervisor's Name & Title:			
Position:	Dates Worked (From-To):			
Rate of Pay:	Duties:			
Reason for Leaving:				
	Address:			
Telephone Number:	Supervisor's Name & Title:			
Position:	Dates Worked (From-To):			
Rate of Pay:	Duties:			
	ove? □Yes □No			
If not, which ones should we not conta	ct and why?			

REFERENCES: Please list three non-relative references: Name: Address: Phone Number: How long have you known this person? This person's relationship to you: Name: Address: Phone Number: How long have you known this person? This person's relationship to you: Name: Address: Phone Number: How long have you known this person? This person's relationship to you: Please make sure your references give you permission to use them. **EDUCATIONAL BACKGROUND:** High School Name: _____ Address: _____ Number of Years Attended: Graduated? □Yes □No

Other Education

Degree:

Name:	Address:		
Course or Major:	Graduated?	□Yes	□No

College Name:_____ Address:_____

□Yes

□No

Course or Major: Graduated?

Degree:

Please use the space below to summarize any additional information necessary to describe your full qualifications:				
EMERGENCY CONTACTS:				
Name:		Address:		
			Relationship:	
Name:		Address:		
			Relationship:	



Printed Name of Applicant

Matthew P. Gurney 138 High Street #343 Ellsworth, ME 04605 Phone: (207) 288-2999

BACKGROUND CHECK: Date: I authorize CMGC to run a background check prior to an employment offer, or at any time during my employment. **Printed Name of Applicant Applicant's Signature MANDATORY DRUG SCREENING:** Date: I authorize CMGC to run a pre-employment drug screen prior to an employment offer, or at any time during my employment.

Applicant's Signature