



\* EMAIL ADDRESS: \_\_\_\_\_

# Maine Staffing Group

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

STORE # \_\_\_\_\_

## 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?  Yes  No If yes, when and where? \_\_\_\_\_  
Do you have: Answering Machine?  Yes  No  
Caller ID?  Yes  No  
Voicemail?  Yes  No

Are you 18 years old or older? If not 18, can you furnish a work permit if needed?  Yes  No  
How did you hear of us? **See bottom of Page 2** \*

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 \_\_\_\_\_

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Duties \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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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): \_\_\_\_\_ \*

PLEASE PRINT ALL DATA

DO NOT USE "SEE RESUME"

COMPLETE

Point of contact for the VIP Seasonal Hire Program:

Dennis Elwell, Branch Manager  
Maine Staffing Group  
PO Box 490  
Brunswick ME 04011

1-800-639-8802

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 ___
_____	_____	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

**COMPLETE**

**How did you hear about this position?**

**Maine Staffing Group:** Radio: \_\_\_ Newspaper: \_\_\_  
 Internet: Career Center Posting: Which Center  
 -JobsinME.com \_\_\_\_\_, ME  
 -JobsinNH.com \_\_\_\_\_, NH  
 -JobsinMA.com \_\_\_\_\_, MA

**VIP AD:** Newspaper \_\_\_ Radio: \_\_\_ Internet: \_\_\_  
 In-Store Posting: \_\_\_\_\_  
 Referral by: \_\_\_\_\_

Additional Requirements:

Ability to Lift/Move 25 to 100 lbs: Yes: \_\_\_ No: \_\_\_  
 Have Steel Toe Work Boots: Yes: \_\_\_ No: \_\_\_

# REQUIRED FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## INDUSTRIAL

*\*Please circle the skills or relevant work experience you have qualifications for.\**

<p><b>Warehouse</b></p> <p>Forklift Operator: Certified? Y N</p> <p>Shipping</p> <p>Receiving</p> <p>Order Selector</p> <p>Inventory</p> <p>Packing</p> <p>Assembly</p> <p>Construction: Framing, Roofing, Masonry, Tile, Demolition, Carpentry-Rough, Carpentry-Finish, Drywall/Finish, Other: _____ Have own tools? Y N</p> <p>Plumbing: ___ Helper ___ Licensed</p> <p>HVAC: ___ Helper ___ Licensed</p> <p>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: _____</p>	<p><b>Machine Operator</b></p> <p>Machine Set-up</p> <p>Industrial Maintenance: Painting/Needlegun</p> <p>Security: Spec. Clearance? Y N Level? _____</p> <p>Custodial / Janitor</p> <p>Flagging: Y N , Certified? Y N</p> <p>Sheetmetal: ___ Helper ___ Professional</p> <p>Electrical: ___ Helper ___ Licensed</p>	<p><b>Autobody</b></p> <p>Welding: MIG TIG Stick</p> <p>Boat Building: Fiberglass, Wooden</p> <p>Painting: Interior Exterior Wallpapering Residential Commercial Own Equipment? Y N</p> <p>Driver: Class A Class B</p> <p>Doubles? Y N Triples? Y N Flatbed? Y N Refridg. Vans Y N Can you provide proof of clean record? Y N</p> <p>Pipefitter: ___ Helper ___ Professional</p>
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## OFFICE SUPPORT / CLERICAL *Please circle the skills or relevant work experience you have qualifications for:*

<p>Multi-Line Phone, #lines? _____</p> <p>Filing: Alpha Numerical</p> <p>Computer Programs: (circle all that apply)</p> <p><b>Microsoft Office Products &amp; versions of:</b> (circle or check-off all products &amp; versions that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Can You... ?</td> <td style="padding: 5px;"><b>MS Word:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</td> </tr> <tr> <td style="padding: 5px;">Mail Merge _____</td> <td style="padding: 5px;"><b>MS Excel:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</td> </tr> <tr> <td style="padding: 5px;">Create Forms _____</td> <td style="padding: 5px;"><b>MS Powerpoint:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</td> </tr> <tr> <td style="padding: 5px;">Formulas _____</td> <td style="padding: 5px;"><b>MS Outlook:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</td> </tr> <tr> <td style="padding: 5px;">Charts/Graphs _____</td> <td style="padding: 5px;"><b>MS Access:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</td> </tr> <tr> <td style="padding: 5px;">Flowcharts _____</td> <td></td> </tr> <tr> <td style="padding: 5px;">Macros _____</td> <td></td> </tr> </table>	Can You... ?	<b>MS Word:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Mail Merge _____	<b>MS Excel:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Create Forms _____	<b>MS Powerpoint:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Formulas _____	<b>MS Outlook:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Charts/Graphs _____	<b>MS Access:</b> ver 98, ver. 2000 <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Flowcharts _____		Macros _____		<p><b>Switchboard</b></p> <p>Data-Entry: Alpha Numerical</p> <p><b>PC Operating Systems, etc:</b> (circle all products &amp; versions that apply)</p> <p>Windows Operating Systems: ver.97-98, 2000, ME, XP</p> <p>Macintosh</p> <p>Linux</p> <p>MAS 90 (State of Maine)</p> <p>AS-400</p>
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Flowcharts _____															
Macros _____															

**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? \_\_\_\_\_