## Hebert Construction, LLC 9 Gould Road Lewiston, ME 04240

An equal opportunity employer.

EMPLOYMENT APPLICATION

T/207-783-2091 F/207-782-4938

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

PERSONAL							· · · · · · · · · · · · · · · · · · ·		
Name					-				
(Last)		(First)			(Middle)				
Current Addre	ess (Street)		(City)		(Stat	e)	(Zip Code)		
Prior Address	(Street)		(City)		(Stat	e)	(Zip Code)		
Telephone	rea Code)		Social	Social Security Number					
Driver's Licen	se Number		_ State .	<u></u>	Expirat	ion Date	÷		
Have you ever had any moving Ye violations? Please explain on the right.			□No	Explain Moving Violation and/or, Felony (Please fill in Incident, City, State and Charge)					
	er been convicted of a felony in the last seven years?	□Yes	□No						
Are you a citiz	zen of the United States?	□Yes	□No						
JOB INTERI	ESTS/SKILLS								
Position(s) applied for Salary Desired  Have you applied for a position here before?									
Date you could begin working  Summarize any other special skills or qualifications									
EDUCATION TYPE OF SCHOOL	NAME AND LOCATION		COURSE	OF STUDY	DATES ATTENDED	# OF YEARS	DEGREE, DIPLOMA, CERTIFICATE		
HIGH SCHOOL									
COLLEGE OR UNIVERSITY									
OTHER EDUCATION OR TRAINING									

PERSONAL REFERENCES										
Name	Relationship	Home Phone		Daytime Phone						
EMPLOYMENT REFERENCE	S .									
EMPLOYMENT REFERENCES  Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.										
EMPLOYMENT HISTORY (LI	ST MOST RECENT	FIRST)								
Name of Employer										
Address(Street)	(City)		(State)	(Zip Code)						
Supervisor and Title			•	, -						
Employed From To Work Performed										
Reason for leaving										
2. Name of Employer										
Address										
Address(Street)	·		(State)	(Zip Code)						
Supervisor and Title		Your Title		.=						
Employed From To	·	Starting Salary	Salary							
Work Performed										
Reason for leaving										
Name of Employer		· · · · · · ·								
. •										
Address(Street)	(City)		(State)	(Zip Code)						
Supervisor and Title	<u> </u>	Your Title								
Employed From To	)	Starting Salary	Ending	Salary						
Work Performed										
Reason for leaving										
ACKNOWLEDGEMENT										
I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify and of this information including, but not limited to , criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree to never disclose or use any Hebert Construction, LLC confidential information during or after employment.										
Applicant's Signature		Da	ate							