

# Northeast Occupational Exchange

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PLEASE PRINT**

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Which Location?  Bangor  Lincoln  Newport  Portland

Referral Source?  Advertisement  Friend/Current Employee  Web Site  Other

LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER ( ) -	SOCIAL SECURITY NUMBER		

Are you 18 years of age or older?  Yes  No

Do you have a legal right to work in the United States?  Yes  No

Can you, after employment, submit verification of your legal right to work in the United States? Verification of your legal right to work in the United States will be required after employment.  Yes  No

Are you able to perform the functions of the job(s) for which you have applied?  Yes  No

Have you ever been employed at NOE before?  Yes  No  
If yes, give date: \_\_\_\_\_

When are you available for employment? \_\_\_\_\_

Are you able to work  Full Time  Part Time  Summer/Temporary

Can you travel if the job requires it?  Yes  No

Are you willing to use your own vehicle?  Yes  No

List all other states in which you have lived or worked: \_\_\_\_\_

## References

**List name, address and phone number of three references who are not related to you and are not previous employers. It is also your responsibility to provide NOE with three letters of reference from professional sources.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**If you respond “yes” to any of the following five questions, please provide a brief explanation on page 4.**

Have you, in this state or any other state, ever been the subject of a child or adult abuse investigation?  Yes  No

Have you ever been convicted of a crime in this state or any other state? (Includes felony, misdemeanor, OUI, etc)  Yes  No

Is there a criminal action currently pending against you in this state or any other state?  Yes  No

Have you been the subject of any protection from abuse orders, or any other types of orders involving domestic violence within the past five years in this state or any other state?  Yes  No

Have you ever, in this state or any other state, had a license or certificate (e.g. professional license, driver’s license) revoked or suspended, or have you ever voluntarily surrendered a license or certificate?  Yes  No

## Education

**When listing education, if you have not completed a degree program, indicate how much is completed, based on full time attendance (i.e. 15 credit hours per semester)**

	High School				Undergraduate College/University				Graduate/Professional			
School Name City and State												
Years Completed (Circle)	9	10	11	12	1	2	3	4	1	2	3	4+
Diploma/Degree (Yes?) And Type	<input type="checkbox"/> Yes				<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			

Describe course of study: \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

Professional license(s) or certification(s) currently held: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: \_\_\_\_\_

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## Employment Experience

<b>EMPLOYER 1</b>	<b>TELEPHONE</b>	<b>FROM</b> _____ <b>TO</b> _____
<b>COMPLETE ADDRESS</b>		<b>LAST WEEKLY PAY</b>
<b>SUPERVISOR'S NAME AND TITLE</b>		<b>YOUR TITLE</b>
<b>DUTIES</b>		

<b>EMPLOYER 2</b>	<b>TELEPHONE</b>	<b>FROM</b> _____ <b>TO</b> _____
<b>COMPLETE ADDRESS</b>		<b>LAST WEEKLY PAY</b>
<b>SUPERVISOR'S NAME AND TITLE</b>		<b>YOUR TITLE</b>
<b>DUTIES</b>		

<b>EMPLOYER 3</b>	<b>TELEPHONE</b>	<b>FROM</b> _____ <b>TO</b> _____
<b>COMPLETE ADDRESS</b>		<b>LAST WEEKLY PAY</b>
<b>SUPERVISOR'S NAME AND TITLE</b>		<b>YOUR TITLE</b>
<b>DUTIES</b>		

<b>EMPLOYER 4</b>	<b>TELEPHONE</b>	<b>FROM</b> _____ <b>TO</b> _____
<b>COMPLETE ADDRESS</b>		<b>LAST WEEKLY PAY</b>
<b>SUPERVISOR'S NAME AND TITLE</b>		<b>YOUR TITLE</b>
<b>DUTIES</b>		

If you need additional space, please continue on a separate sheet of paper.

