



APPLICATION FOR EMPLOYMENT

Human Resource Department

48 Spiller Drive

Westbrook, ME 04092

Phone: 207-775-2676 Ext. 5421 or 5411

Fax: 207-775-2896

ccaplice@sigcoinc.com

Applicants are considered for all positions, and employees are treated without regard to age, race, color, religion, sex, national origin, ancestry, military or veteran status, disability, sexual orientation, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Personal Information

Date _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____ Email address: _____

Position(s) applied for: _____	Full-time	<input type="checkbox"/>
	Part-time	<input type="checkbox"/>
	Summer	<input type="checkbox"/>
How did you hear about us?		
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Relative _____	
<input type="checkbox"/> Employment agency _____	<input type="checkbox"/> Walk-in _____	
<input type="checkbox"/> Friend _____	<input type="checkbox"/> Other _____	
Please list any SIGCO employees who are friends or relatives of yours.		
Name: _____	Relationship: _____	
Name: _____	Relationship: _____	

Are you at least 18 years old? Yes No

Do you hold a valid driver's license? Yes No

If yes, what state? _____ License Number? _____

Are you able to become lawfully employed in this country? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of any violation of law by any court of law? Yes No

Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include any conviction(s) occurring before your 18th birthday or traffic violations not listed above.

If yes, please list:

Offense(s)	Location	Date of Conviction(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information may result in employment ineligibility.

References

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Employment History

Are you currently employed? Yes No

If 'Yes', may we contact your current employer for a reference? Yes No

Current or Last Employer

Company _____ Phone Number _____

Address: _____ City: _____ State: _____ Supervisors name _____

Position _____ Date hired _____ Date left _____

Duties _____

Reason for leaving _____ Rate of Pay _____

Previous Employer

Company _____ Phone Number _____

Address: _____ City: _____ State: _____ Supervisors name _____

Position _____ Date hired _____ Date left _____

Duties _____

Reason for leaving _____ Rate of Pay _____

Previous Employer

Company _____ Phone Number _____

Address: _____ City: _____ State: _____ Supervisors name _____

Position _____ Date hired _____ Date left _____

Duties _____

Reason for leaving _____ Rate of Pay _____

Education History

Name of High School _____ Graduated? Yes No

Address: _____ City: _____ State: _____

GED? Yes No

Name of College/University _____ Graduated? Yes No

Address: _____ City: _____ State: _____

Other _____ Graduated? Yes No

Address: _____ City: _____ State: _____

Military Experience?

Branch _____

Special Training _____

Applicant's Statement

These answers are true and complete to the best of my knowledge. SIGCO may investigate all statements contained in this application, and I understand any false or misleading information provided may result in my immediate discharge, if hired. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND SIGCO IS TERMINABLE-AT-WILL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

Signature of Applicant

Date

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name: _____ First Name: _____ MI: _____

Applicant's Signature: _____

Date of Birth (Optional - used for background check, only): Month: _____ Date: _____ Year: _____

Current Address	City, State	Zip Code	Years

Previous Addresses	City, State	ZIP Code	Years