

New Leaf Construction, Inc

an Equal Opportunity Employer.

P.O. Box 1083 Rockport, ME 04856 info@NLCmaine.com

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Initial	Phone Number	
Street Address	City/State	Zip Code	Driver's License Number # _____ State _____	
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position Desired:	Wage/Salary Desired:	Full Time? Part Time?		
Have you ever served in the US Armed Forces?		If yes, how many years of service?		If yes, please provide a copy of your DD214 with application
Date you can begin work?	Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.	
Name of high school attended:	City & State		Graduate?	GED?
Name of college or technical school:	City & State		Graduate?	Degree?
Major:				
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date:			
List any job-related skills or accomplishments, including military service:				
Are you able to perform the essential duties of the position without accommodations? YES NO				
If NO what accommodations are needed				

- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
If necessary for the job, I am able to work overtime:					YES	NO	

- Give Three References That Are Not Former Employers Who We May Contact -		
Name and Occupation	How do you know them, and for how long?	Phone Number

Your Employment History

List names of employers with present or last employer listed first.
Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I certify that I do not have any physical or mental condition, illness, injury, or issue – medical or otherwise – that would preclude or prevent me from safely performing the duties outlined in the position for which I am applying.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with New Leaf Construction, Inc any employment relationship with New Leaf Construction, Inc is considered “employment at will.” This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

FOR OFFICE USE ONLY

Phone Interview Y/N

Date Application received: _____

In-Person Interview Y/N