



Tel: 207-563-8588

Fax: 207-563-8468

PMB 97 4 Mills Rd. Newcastle, ME 04553

Full Name: _____ Home Phone: _____

Address: _____

Legal Residence (if different): _____

Position Applied For: _____

EXPERIENCE AND EMPLOYMENT – Start with current or last position. Minimum of 3 past employers.

EMPLOYER NAME: _____

Address: _____

Telephone: _____ Supervisor: _____

Dates: ___/___/___ to ___/___/___ Rate per Hour: _____

Duties: _____

Reason for Leaving: _____

EMPLOYER NAME: _____

Address: _____

Telephone: _____ Supervisor: _____

Dates: ___/___/___ to ___/___/___ Rate per Hour: _____

Duties: _____

Reason for Leaving: _____

EMPLOYER NAME: _____

Address: _____

Telephone: _____ Supervisor: _____

Dates: ___/___/___ to ___/___/___ Rate per Hour: _____

Duties: _____

Reason for Leaving: _____

** WE ARE AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER **

Other References (please do not list family members or relatives)

Name _____ Phone No. _____

Address: _____

Name _____ Phone No. _____

Address: _____

Do you have friends or relatives working for Hagar Enterprises, Inc.? Yes No

Name: _____ Relationship _____

Name: _____ Relationship _____

Were you referred by a current Hagar Enterprises, Inc. employee? Yes No

How soon are you able to start work? Date: _____

If hired are you able to work Monday thru Friday 6:00 am to 6:00pm? Yes No

If hired are you able to work nights and weekends? Yes No

If hired are you willing to travel to job locations through out the state? Yes No

Do you have reliable transportation? Yes No

Current Licenses and Certifications held. _____

Are you a convicted felon? Yes No

Do you have any special skills? _____

I agree that any false statement in this application shall be sufficient cause for rejection or dismissal and hereby grant permission to investigate any information included in this application.

I hereby authorize Hagar Enterprises, Inc. to check court records, drivers license records, and credentials in connection with my application for employment with this company. I hereby release Hagar Enterprises, Inc. from any liability of any type in connection with the obtaining of this information.

Signed _____

Social Security Number _____ Date _____

Substance Abuse Screen Information and Consent Form

I _____, hereby consent to urine substance abuse testing for the purpose of detecting drugs of abuse. I acknowledge that my prospective employer, Hagar Enterprises, Inc. has requested this test and upon my request will provide me with a copy of their Substance Abuse Program Policy. I understand that Hagar Enterprises, Inc. will deny employment to any person whose substance abuse screen is positive.

Applicant's Signature _____ Date: _____

Disclosure

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Authorization to Release Information

I, _____ Address _____

Past Addresses for the past seven years (Include street, city, state, zip code)

-

Date of Birth _____ Soc. Num. _____

Drivers License# _____

Other names used _____

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and work's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Hagar Enterprises, Inc. to obtain, whether the said records are public or private and include those which may be deemed to be privileged or confidential in nature and I release all person from liability on account of such disclosure. Information appearing on this Authorization will be used exclusively by Hagar Enterprises, Inc. for identification purposes and for the release information, which will be considered in determining any suitability for employment. I certify that I have made true, correct and complete answers and statements on my employment applications. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by Hagar Enterprises, Inc. to furnish the above mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I agree that any false, misleading or incorrect statement or answers on my application or supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed name _____ Signature _____ Date _____

To be completed by CDL drivers only:

Driving Experience

Date of Birth _____

CDL Type A ___ B ___ C ___ Endorsements: _____ Current DOT Med Card Exp. Date: _____

Class of Equip.	Type of Equipment (Tank, Flat, Other)	Date From	To	Approx # of Miles (Total)
Straight Truck				
Tractor/Semi				
Tractor/2 Trlr				
Other				

(Accident Record for Past 3 Years or More (attach sheet if more space required))

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

Location	Date	Charge	Penalty

PLEASE DO NOT WRITE BELOW THIS LINE – FOR INTERNAL USE ONLY

Interviewed by: _____

Date and Time of Interview: _____

Date of Physical: _____

Clinic Location _____

Social Security Number: _____

Drivers License # (if applicable) _____

Start Date: _____

Craft: _____

Pay Rate: _____

Project Name: _____

A. Racial/Ethnic Definitions:

1. **BLACK** (not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
2. **WHITE** (not Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
3. **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
4. **ASIAN OR PACIFIC ISLANDERS**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
5. **AMERICAN INDIANS OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

B. Definitions of Veteran Subject to EEO/Affirmative Action Regulations. The requirements are different than State Veterans Preference.

VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975, and was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1974 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per centum or more or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

HANDICAPPED: Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities or has a record of impairment. Major Life activities which might be substantially limited by such impairment include; walking, seeing, hearing, learning, self-care, speaking, performing manual tasks, breathing or socialization. A disabled individual who is likely to experience difficulty in obtaining, retaining or advancing in employment is considered substantially limited.

VISUAL & HEARING IMPAIRMENT: Loss of vision or hearing to a degree which substantially limits one or more major life activities.

DEVELOPMENTAL DISABILITY: A group of disabilities that affects a person during the development states of his/her life and usually continues indefinitely. Such a condition constitutes a substantial handicap to his/her functioning. Examples are mental retardation, cerebral palsy, epilepsy and autism.

OTHER PHYSICAL IMPAIRMENT: Includes orthopedic abnormalities, missing or crippled limbs and extremities (congenital or caused by trauma or diseases such as arthritis, rheumatics, or polio), motor impairments (due to injury or other conditions), cardiovascular or neurological disorders (i.e., heart disease, paraplegia, multiple sclerosis, or Parkinson's disease), diabetes, tuberculosis, or cancer.

PSYCHOLOGICAL IMPAIRMENT: A person who has experienced mental illness and is presently rehabilitated or stabilized.

CHEMICAL DEPENDENCE: A dependence on alcohol or drugs to a degree which substantially limits one or more life activities. A rehabilitated person is no longer dependent on drugs or alcohol.

MULTIPLE DISABILITIES: More than one disability. Multiple disabilities could occur in two or more different categories or within a single category.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

INSTRUCTIONS TO APPLICANT:

Hagar Enterprises, Inc. is an Equal Opportunity Affirmative Action Employer. The information solicited on this page is being compiled to comply with federal record-keeping regulations and EEO/Affirmative Action requirements. The information provided on this form is **CONFIDENTIAL**. This page will be removed from your application prior to review and will not be a part of your application for employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA ON THIS PAGE WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

NAME: _____

DATE OF BIRTH: _____

Please check applicable answers

Male _____ Female _____
White _____ American Indian/Alaskan Native _____ Black _____ Asian/Pacific
Islander _____
Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual _____

Referral Source

Career Center _____ Public Announcement _____
Bureau of Voc./Rehab. _____ Veteran's Organization _____
State Agency _____ Community Organization _____
School Placement Office _____ Current Employee _____
(Name _____)
Walk In _____ Other: _____

Check answers which apply to you:

___ Have Visual Impairment _____ Have a Chemical Dependence
___ Have a Hearing Impairment _____ Have a Rehabilitated Chemical
Dependence

Have a Development Disability
 Have other Physical Impairments
Condition which
 Have a Psychological Impairments

Have Multiple Disabilities
 Have a Disabling or Handicapped
Condition which
may affect ability to do this job.