



Environmental Solutions

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME(FIRST)		(MIDDLE)	(LAST)
ADDRESS(STREET)		CITY	STATE, ZIP
TELEPHONE	SS #		
HAVE YOU EVER BEEN EMPLOYED BY ENVIRONMENTAL SOLUTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF SO, LIST DATES.			
ARE YOU RELATED TO ANY CURRENT EMPLOYEES OF ENVIRONMENTAL SOLUTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF SO, LIST NAME AND RELATIONSHIP.			
ARE YOU ELIGIBLE TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>PROOF WILL BE REQUIRED PRIOR TO EMPLOYMENT</i>			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: <i>CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT</i>			

EDUCATIONAL INFORMATION

HIGH SCHOOL:	CITY, STATE:		
CIRCLE YEARS COMPLETED 1 2 3 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE(S)/TECHNICAL SCHOOL	CITY, STATE:		
YEARS COMPLETED:	AVERAGE:	MAJOR:	
OTHER JOB RELATED TRAINING, EDUCATION, LICENSES, OR CERTIFICATIONS:			

RECORD OF EMPLOYMENT

MOST RECENT POSITION:	TITLE:	DATES OF EMPLOYMENT:	TO
COMPANY NAME AND ADDRESS:			
RESPONSIBILITIES:			
STARTING SALARY:	PER	ENDING SALARY:	PER
SUPERVISOR NAME AND TITLE:	MAY WE INQUIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
PRIOR POSITION:	TITLE:	DATES OF EMPLOYMENT:	TO
COMPANY NAME AND ADDRESS:			
RESPONSIBILITIES:			
STARTING SALARY:	PER	ENDING SALARY:	PER
SUPERVISOR NAME AND TITLE:	MAY WE INQUIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING:	

RECORD OF EMPLOYMENT (CONT'D)

PRIOR POSITION:	TITLE:	DATES OF EMPLOYMENT:	TO
COMPANY NAME AND ADDRESS:			
RESPONSIBILITIES:			
STARTING SALARY:	PER	ENDING SALARY:	PER
SUPERVISOR NAME AND TITLE:	MAY WE INQUIRE? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON FOR LEAVING:

REFERENCES

LIST AT LEAST TWO REFERENCES WHO HAVE KNOWLEDGE OF YOUR WORK ETHIC, EXPERIENCE AND ABILITY (DO NOT INCLUDE RELATIVES)	
NAME:	OCCUPATION:
ADDRESS:	PHONE No.:
NAME:	OCCUPATION:
ADDRESS:	PHONE No.:

WORK PREFERENCES

LIST THE POSITION(S) FOR WHICH YOU ARE APPLYING.
WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING FOR: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL
LIST ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE WOULD BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION WITH ENVIRONMENTAL SOLUTIONS OF MAINE, INC.

ENVIRONMENTAL SOLUTIONS IS AN EQUAL OPPORTUNITY EMPLOYER.

AS AN APPLICANT FOR EMPLOYMENT WITH ENVIRONMENTAL SOLUTIONS, I UNDERSTAND THE FOLLOWING:

- **THE COMPANY HAS THE RIGHT TO MODIFY ITS POLICIES, PROGRAMS, GUIDELINES, HANDBOOKS, ETC. WITHOUT MY AGREEMENT AND WITHOUT GIVING ME ANY NOTICE OF THE CHANGES.**
- **NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS IT IS MADE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.**
- **THE COMPANY HAS A VITAL INTEREST IN PROVIDING ITS EMPLOYEES WITH A SAFE, HEALTHFUL AND EFFICIENT WORK ENVIRONMENT. IT IS THEREFORE, THE COMPANY'S POLICY TO MAINTAIN A WORK PLACE FREE FROM DRUG AND/OR ALCOHOL ABUSE AND SEXUAL HARASSMENT.**
- **EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A MEDICAL SCREENING/EVALUATION BY A PHYSICIAN OF THE COMPANY'S CHOICE AND THE SATISFACTORY COMPLETION OF A URINALYSIS DRUG TEST CONDUCTED AT THE COMPANY'S REQUEST.**
- **I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THE APPLICATION AND I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSIONS OF FACTS IS CAUSE FOR WITHDRAWAL OF EMPLOYMENT OFFERS AND/OR TERMINATION OF EMPLOYMENT.**
- **I HEREBY AFFIRM THAT TO THE BEST OF MY KNOWLEDGE, ALL ANSWERS TO THE FOREGOING ARE TRUE AND CORRECT.**

SIGNATURE: _____

DATE: _____