

NEPW Logistics

NEPW Logistics, Inc.

70 Quarry Road
Portland, ME. 04103

Tel.: 207-772-4653

Application for Employment

Equal access programs, services and employment is available for all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

[please print](#)

Position(s) applied for:

Date of Application:

Referral Source(circle one):	Advertisement	Employee	Relative	Walk-in
	Government Employment Agency	Private Employment Agency		
	Other (please specify):			

Name:

_____ Last _____ First _____ Middle Initial

Address:

_____ Street _____ City _____ State _____ Zip Code

Telephone #:

Cell Phone #:

Social Security #:

If necessary, best time to call you at home is

.....

_____ :

AM / PM

May we contact you at work? Yes / No

If yes, work number and best time to call: ()

If you are under 18 and it is required, can you furnish a work permit? Yes / No

If no, please explain: _____

Have you submitted an application here before? Yes / No

If yes, give date: _____

Have you ever been employed here before? Yes / No

If yes, give date: _____

Are you legally eligible for employment in this country: Yes / No

Date available for work: _____ / _____ / _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Will you relocate if job requires it? Yes / No

Will you travel if job requires it? Yes / No

Are you able to meet the attendance requirements of the position? Yes / No

Will you work overtime if required? Yes / No

If no, please explain: _____

Have you ever been bonded? Yes / No

Have you been convicted of a crime in the last seven (7) years? Yes / No

If yes, please explain: _____

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMERIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATES / SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
	HOURLY RATES / SALARY			
REASON FOR LEAVING	FINISHING			
	\$	PER		
MAY WE CONTACT FOR REFERENCE?		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMERIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATES / SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
	HOURLY RATES / SALARY			
REASON FOR LEAVING	FINISHING			
	\$	PER		
MAY WE CONTACT FOR REFERENCE?		\$	PER	

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REASON FOR LEAVING	FINISHING			
	\$	PER		
MAY WE CONTACT FOR REFERENCE?		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

Skills and Qualifications -Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for: _____

Educational Background IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study.

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. F.	
				MAJOR	MINOR

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARY PROTECTED STATUS.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired I will be required to provide proof of identity and legal work authorization.

Physical Examination: I will take a post-offer physical examination and/or substance abuse test, from a physician designated by NEPW Logistics, Inc. at NEPW Logistics, Inc. expense. I authorize the physician or testing facility to provide NEPW Logistics the results of the examination and release NEPW Logistics from any liability from the use of such information for employment purposes. I understand that further employment consideration for placement may be affected by the results of the examination.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date