



P.O. Box 127
Lincoln, ME 04457

www.themaineandstore.com
www.treelineinc.biz

Phone: 207-794-2044
FAX: 866-829-7077

General Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date: _____ Position Applying For: _____

Name: First _____ Middle _____ Last _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home P hone: _____ Cell P hone: _____

Email Address: _____ Last 4 Digits of your SSN: _____

PLEASE NOTE: If a job offer is made, it will be contingent on the results of a pre-employment physical.

If you have been at the above address less than 3 years, list addresses for the prior 3 years:

1. Address: _____ Dates: From _____ To _____

City: _____ State: _____ Zip Code: _____

.....

2. Address: _____ Dates: From _____ To _____

City: _____ State: _____ Zip Code: _____

.....

3. Address: _____ Dates: From _____ To _____

City: _____ State: _____ Zip Code: _____

EDUCATION HISTORY:

	Name	Description	Graduating Grades or Rank
High School	_____	_____	_____
Technical School	_____	_____	_____
Training Courses	_____	_____	_____
_____	_____	_____	_____
College	_____	_____	_____

JOB HISTORY:

	Company	Phone #	Contact Person	Job Description
Current Position:	_____			
Dates: From	_____	To	_____	_____
.....	_____			
Previous Position:	_____			
Dates: From	_____	To	_____	_____
.....	_____			
Previous Position:	_____			
Dates: From	_____	To	_____	_____
.....	_____			
Previous Position:	_____			
Dates: From	_____	To	_____	_____

ABOUT YOU & YOUR EMPLOYMENT PREFERENCES:

How did you hear about Treeline, Inc? _____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship, and location _____

If you're under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, when: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires? Yes No

Date Available to work: ____ / ____ / ____

What is your desired salary range? _____

Your Hobbies & Interests: _____

What motivates you and provides satisfaction from your work? _____

Do you like to learn new things or stick to what you know best? _____

Are you willing to work extra hours/days when necessary to fulfill your job duties? _____

What is more important to you, good benefits such as insurance or your wage rate? _____

Do you have anything that could prevent you from fulfilling your job duties? _____

SKILLS & CERTIFICATIONS:

What skills do you have? _____

What certifications do you hold?

Certification	Date Earned	Expiration
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROVIDE 3 REFERENCES:

Name: _____ Relationship: _____

Phone #: _____

.....

Name: _____ Relationship: _____

Phone #: _____

.....

Name: _____ Relationship: _____

Phone #: _____

I attest that the above information I have provided is true.

Applicant Signature

Date