

DIRIGO SLIPFORM

Concrete Curb • Concrete Sidewalk • Concrete Drives • Concrete Barrier • Granite Curb



P. O. Box 340, Stillwater, ME 04489 • (207) 827-0100 Voice • (207) 827-0101 Fax

Employment Application

Application Date: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP

Telephone: () _____ Social Security Number: _____

Position Applied For: _____

Are you over 18? Yes No If no, when will you turn 18? _____

Have you filed an application here before? Yes No If yes, give date: _____

Are you a citizen of the United States? Yes No If no, do you have work papers? _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

On what date are you available for work? _____

I am requesting a minimum starting pay of: \$ _____

Do you have any physical limitations, which would prevent your from performing the type of work for which you have applied? Yes No

Weather and operations permitting, a typical Dirigo Slipform workday starts at 6 a.m. and ends between 5p.m. and 6 p.m., while sometimes there is a need to work later into the evening as well as Saturdays. Are you willing to work these long hours if needed: Yes No

Can you travel if a job requires it? Yes No

Have you been ***convicted*** of a felony or misdemeanor (other than a minor traffic violation) within the last ten years? Yes No (*Conviction will not necessarily disqualify applicant from employment*)

If yes, please explain: _____

Do you have a valid Maine driver's license? Yes No

If yes, Class: _____ A (tractor trailer) _____ B (truck) _____ C (car)

State which issued: _____ License number: _____ Expiration: _____

EDUCATION/ TRAINING RECORD

High School: _____

NAME

CITY

STATE

Number of years completed: _____

Business or Technical School: _____

NAME

CITY

STATE

Number of years completed: _____ Degree Earned: _____

College: _____

NAME

CITY

STATE

Number of years completed: _____ Degree Earned: _____

MILITARY SERVICE

Branch: _____ Enlistment Dates: _____ Rank: _____

Occupation: _____ Awards Received: _____

Specialized Training Received: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, and list your last three employers. Do not omit any employer or requested information during this period.

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Dates Employed: From _____ To _____

Starting Wage: _____ Final Wage: _____ Supervisor's Name: _____

Work Performed: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Dates Employed: From _____ To _____

Starting Wage: _____ Final Wage: _____ Supervisor's Name: _____

Work Performed: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Dates Employed: From _____ To _____

Starting Wage: _____ Final Wage: _____ Supervisor's Name: _____

Work Performed: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Please list any additional information you would like the company to consider such and equipment experience: _____

REFERENCES

List persons who have direct knowledge of your abilities and qualifications. Do not include persons related to you.

Name: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Relationship to you: _____

Name: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Relationship to you: _____

Name: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Relationship to you: _____

Applicant’s Certification: (Read carefully before signing)

I certify that all answers and statements given herein are true to the best of my ability. I authorize Dirigo Slipform to investigate all statements made herein and I further authorize Dirigo Slipform to contact prior employers and references I have given unless stated otherwise. I release all such person’s from liability to me for providing information, to induce them to respond honestly to such inquiries. I understand that any misstatements or concealment of fact will subject me to disqualification before hiring or dismissal after hiring. I further understand that I will be expected to abide by the rules and regulations of the Company, which it may change at its sole discretion.

This application for employment shall be considered active for a period of time not to exceed six months. The applicant understands that all employment at Dirigo Slipform is terminable *at will*, with or without cause.

Signature of Applicant: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY

Interviewed By: _____

Reference Check: Yes No