



CPM CONSTRUCTORS

30 Bonney Street
 P O Box B
 Freeport ME 04032 - 0909

Application for Employment

Personal Data			An Equal Opportunity Employer		
Applicant Last Name	First Name	Middle Initial	Telephone with Area Code	SSN #	Date
Present Mailing/Street Address		Years There	Permanent Street Address		Years There
City	State	Zip	City	State	Zip

Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process

Are you presently under 18 years of age? Yes No If yes, can you furnish a work permit? Yes No

Are you a United States of America Citizen? Yes No If no, indicate visa type _____ and alien registration # _____

Have you ever applied for employment or been employed with this company? Yes No Where/When? _____

Are you able to meet the attendance requirements of the position? Yes No Drivers License Number (If required by job) _____

Have you been terminated or asked to resign from a position? Yes No State _____ Class _____

If yes, please explain _____

Have you ever been convicted of a felony or misdemeanor? Yes No _____

If yes, please explain _____

Job Interests						
Position(s) Applied For	Date available	Rate of Pay Desired \$ _____ Per _____				
Check if you are able to perform	Full-time <input type="checkbox"/>	Rotational Wo <input type="checkbox"/>	Weekend W <input type="checkbox"/>	Shift Work <input type="checkbox"/>	Off-Site/Variable Location Work <input type="checkbox"/>	
Type of work you are applying for	Full-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Summer <input type="checkbox"/>	Supplement <input type="checkbox"/>	Part-Time <input type="checkbox"/>	

Education and Training						
School Type	Complete School Name and Address	Years Completed	Did You Graduate	Major	Course of Study	Degree
High School						
* If you obtained an equivalency diploma, indicate date _____ and in which state it was obtained _____						
Vocational Technical						
Community Colleges						
Junior College						
All Other						
Colleges or Universities						

Training Skills, Qualifications and Achievements:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Please list any job related tools, machines, and equipment you can operate. Include typing and computer skills. Note proficiency with database programs, word processors, spreadsheets, scheduling and other computer software programs.

Employment History

List each of your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Account for any periods of unemployment between positions.

From _____ To _____ mo. year mo. year	Employer	Telephone () -
Job Title	Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities	
Hourly Rate or Salary	Reason for leaving	
Start \$ _____ Final \$ _____		
From _____ To _____ mo. year mo. year	Employer	Telephone () -
Job Title	Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities	
Hourly Rate or Salary	Reason for leaving	
Start \$ _____ Final \$ _____		
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Hourly Rate or Salary	Reason for leaving	
Start \$ _____ Final \$ _____		

CPM Constructors is an equal opportunity employer dedicated to a policy of compliance with all federal, state and local laws regarding nondiscrimination in employment.

References

Name	Telephone	Years Known
	() -	
	() -	
	() -	

Do you have any licenses (welding, plumbing, electrical, commercial driving, etc.)? Yes No

Commercial Drivers License Number (If required by job) _____ State _____ Class _____

List Motor Vehicle Accidents, Convictions and Moving Violation for the last 3 years. _____

I understand that to operate Company Vehicles a Commercial Driving License is required, the Dept of Motor Vehicles shall be checked to qualify for insurance, a physical examination required and a Drug Test performed.

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered.

Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant _____ Date ____/____/____

TO BE COMPLETED AFTER EMPLOYMENT OFFER ACCEPTED

Position _____

Title (if applicable) _____

Interviewed By _____ Date _____

_____ Date _____

Pay Rate _____

Start Date _____

Date of Birth _____

Whom to notify in case of emergency _____ Telephone () - _____

Requested Information: Are you a Vietnam Era Veteran? yes no

Not Required: Are you a EEO Required Minority? yes no

Do you have any handicaps? yes no

If yes, please explain _____

Required Forms Attached for Personnel File

- Project Assignment Sheet
- I - 9 (attach copy of drivers license)
- W - 4
- Medical History Questionnaire
- Direct Deposit Authorization Form

Acknowledgements

- Employment Manual
- Safety Manual
- Sexual Harrasment
- MSDS - Hazard Communication
- Health Insurance Application
- Dental Insurance Application
- Other _____
- Other _____