



## APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

PHYSICAL ADDRESS:

\_\_\_\_\_

EDUCATION:

\_\_\_\_\_

RELATED JOB EXPERIENCE:

\_\_\_\_\_

UNRELATED JOB EXPERIENCE:

\_\_\_\_\_

DO YOU SMOKE CIGARETTES?

PHONE NUMBER(S)

LOCAL REFERENCES: NAME AND CONTACT INFORMATION

- 1.
- 2.

\_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION? \_\_\_\_\_

WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK?

\_\_\_\_\_

WHEN CAN YOU START WORK? \_\_\_\_\_

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