

B AT WORK SOLUTIONS

PO BOX 10075 PORTLAND MAINE 04104

2072390328

B AT WORK SOLUTIONS is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

		App	licant	t Information	
Full Name:		• •		Date:	
	Last	Firs	t	M.I.	
Address:					
	Street Address			Apartment/Unit #	
	City			State ZIP Code	_
Phone:				Email	
Date Availa	ble: Social	Securit	y No.:_	Desired Salary:\$	
Position Ap	plied for:				
Are you a c	itizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.? YES NO	
Have you e	ver worked for this company?	YES	NO	If yes, when?	
Have you e	ver been convicted of a felony?	YES	NO		
If yes, expla	ain:				
			Edu	ıcation	
High Schoo	l:		Addres		

From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:			_			
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:			_			
From:	To:	Did you graduate?	YES	NO	Degree:			
		Refere	ences					
Please list the Full Name:	nree professional referen	ces.			Rela	ationship:		
Company:						Phone:		
Address:								
Full Name:					Rela	ationship:		
Company:						Phone:		
Address:								
Full Name:					Rela	ationship:		
Company:						Phone:		
Address:								
		Previous Er	nployn	nent				
Company:						Phone:		
Address:					Su	pervisor:		
Job Title:		Starting Salary:\$ Ending Salary:\$						
Responsibilit	ies:							
From:	To:		Reasor	for Le	aving:			
May we conta	act your previous supervis	or for a reference?	YES	Ν	NO			
Company:						Phone:		
Address:					Su	pervisor:		
Job Title:		Starting Sa		Ending Salary:				
Responsibilit	ies:							
From:	To:		Reasor	for Le	aving:			

May we contact your	previous supervisor for a re	eference?	YES	NO					
Company:					Phone:				
Address:					Supervisor:				
Job Title:		Starting Sala		Ending Salary:					
Responsibilities:									
From:	To:	R	Reason fo	r Leaving:					
May we contact your	previous supervisor for a re	eference?	YES	NO					
		Military So	ervice						
Branch:				From:	To:				
Rank at Discharge:			Type of [Discharge:					
If other than honorabl	e, explain:								
	Dis	claimer and	l Signat	ure					
I certify that my answ	vers are true and complete	e to the best o	of my kno	owledge.					
If this application lea interview may result		rstand that fa	lse or mis	sleading inf	ormation in my application	or			
Signature:		Date:							