

**A.C. Inc**  
**Covid 19 Questions**

Have you or anyone in your household traveled out of Washington County in the last 14 days?

Yes

No

Have you or anyone in your household been in contact with anyone that has or is believed to have had Covid 19?

Yes

No

If answer is yes, when \_\_\_\_\_

Do you have any of the following Covid-19 symptoms? (Please circle appropriate symptom if experiencing any of the following)  Yes  No

Fever

Cough

Sore throat

Trouble breathing

Have you been around anyone exhibiting these symptoms within the past 14 days?

Yes

No

Are you living with anyone who is sick or quarantined?

Yes

No

**Prior to reporting for work (if hired) it will be required to have a Covid-19 test. The copy of the test will be kept in the employee's records. The test can be emailed to [amerchant@accarverinc.com](mailto:amerchant@accarverinc.com) or faxed to (207) 497-2731**



# Employment Application

## Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

If under 18 years of age, do you have a work permit? YES  NO

Drivers License # \_\_\_\_\_

## Personal Information

Position Applied for: \_\_\_\_\_

Shift you can work:  Day  Evening  Either How did you learn of this opening? \_\_\_\_\_

Hours Desired:  Full Time  Part Time  Temporary \_\_\_\_\_

Date you can start: \_\_\_\_\_  
*Month Day Year*

Have you ever applied to this company before?  Yes  No When \_\_\_\_\_

Have you ever worked for this company before?  Yes  No When \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_



Former Employers Cont...

Date Employed	Name & Address of Employer	Name of Supervisor	Position(s) Held
From _____ To _____			Start _____ Finish _____
From _____ To _____			Start _____ Finish _____

May we contact your present employer at this time?  Yes  No

### Employment Understanding (Please Read & Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date