

Bamforth Automotive, Inc. d.b.a. Bamforth Marine

(An Equal Opportunity Employer, M/F/H)

200 Maine St. Brunswick, Maine 04011

Tel: (207) 729-3303 Fax: (207) 729-0027

Employment Application (revised March 2009)

Date of Application Posi		Positio	ion Applied for							
Last Name				First					M.I.	Social Security Number
Street Address			I_	Т	Town				State	Zip Code
Home Phone #	# Work Phone #			Cell			Cell Pl	Phone #		
Email Address										
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States? Yes No										
Are you at leas	t 18 years of age?	☐ Ye	es 🗌	No						
Are you willing	to work Saturdays	· 🗆 /	Yes 🗌	No		Ar	e you w	villing	to worl	covertime? Yes No
Do you have a	current Maine Drive	er's Licer	nse?	Yes		No				
Have you filed	an application here	before?	Y Y	es [□ No	If Ye	s, give	date _		
Have you ever	been employed he	re before	e? 🗌	Yes	☐ No	If Ye	s, give	date _		
Are you employed now?										
On what date would you be available for work?										
Are you available to work										
Are you on a lay-off and subject to recall? Yes No										
Education and Training										
Circle Last Yr. Completed	Name and Loca	tion	Semester Hours		arter ours	Major	Minor		ear Of gree	Type Degree
High School 1 2 3 4										
College or University 1 2 3 4										
Grad School 1 2 3 4										
Prof School 1 2 3 4										
Other 1 2 3 4										

Special Licenses					
Name of License, Registration or Certification	License Number	State of I	ssue	Expiration Date	
Summarize special skills and		ills and Qualific rom employment or		:es. 	
					
Importan	t instructions fo	r Completing	Employm	ent History	
This portion must be accur REJECTED. List your entir reverse order, starting wit your qualifications we must responsibility. Be thoroug needed, attach separate si	e work history including the work present or last or l	ng part-time, temp job. List each pro complete informati	oorary and volomotion as a son on previous	eparate job. To evaluate s job tasks and levels of	
Employer #1			From (MO. & Y	R.) To:	
Complete Address			Last Weekly Pa		
Your Title			Hours/Week		
Duties			Supervisor's Na	ame & Title	
			Number & Title	es of Employees You Supervised	
Reason for leaving:					
Employer #2			From (MO. & Y	R.) To:	
Complete Address			Last Weekly Pa		
Your Title			Hours/Week		
Duties			Supervisor's Na	ame & Title	
		-	Number & Title	es of Employees You Supervised	

Reason for leaving:

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Employer #3	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Number & Titles of Employees You Supervised
Reason for leaving:	
Employer #4	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Number & Titles of Employees You Supervised
Reason for leaving:	
Employer #5	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Number & Titles of Employees You Supervised
Reason for leaving:	

References				
Give name, address and telephone number of three references who are not related to you and are not previous employers:				
Name				
Address				
Phone(s)				
Name				
Address				
Phone(s)				
Name				
Address				
Phone(s)				

Bamforth Marine conducts background checks.					
lave you been convicted of a felony within the last 7 years?					
INCLUDE: Any military court martial and any guilty pleas.					
DO NOT INCLUDE any conviction(s) occurring before your 18th birthday, or traffic violation(s), unless the conviction was for operating a vehicle under the influence (OUI) or resulted in your driver license being suspended.					
If yes, please list: Offense(s)	Date of Conviction(s)				
Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.					
Please read and sign the following statement: I certify, under	penalty of law, that the				
information given in this application is correct and complete to the best of my knowledge. I am					
aware that, should an investigation at any time show falsification, I will not be considered for					
employment or, if employed, I may be dismissed. I authorize Bamforth Automotive, Inc. or its					
assignee to receive my academic records or other material pertinent to my qualifications, and					
further authorize and request each former employer, person given as reference, educational					
institution or organization (including law enforcement agencies) to provide all information that					
may be sought in connection with my application. I understand and agree that I will be required					
to ratify the information contained in this application by signature as a condition of employment.					
Signature Date					
Filling of Vacancies					
RESUMES: The information submitted on this application will be the basis for eva experience. A resume may be used to supplement this information but not to replace					
COPIES OF THE APPLICATION: Please retain a copy of your application before it is submitted to Bamforth Automotive, Inc.					
PROOF: With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.					
VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING: Reference checks will be completed by Bamforth Automotive, Inc. before selection. The agency may also verify registrations, certifications, licensing, education or training.					

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APPLICANT INFORMATION SURVEY				
INSTRUCTIONS TO THE APPLICANT: Bamforth Automotive, Inc. is ar page is being compiled by the Maine Bureau of Human Resources to a EEO/Affirmative Action requirements. You are not required t encouraged. The information on this form is CONFIDENTIAL. The padestroyed after data compilation.	comply with Federal record-keeping regulations and to furnish this information, but your cooperation is			
RACIAL/ETHNIC DEFINITIONS	1. I have read the paragraph above and do not wish to provide the information.			
O. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.				
 BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central 				
or South American, or other Spanish culture or origin, regardless of race.	3. Enter your racial/ethnic group code number (refer to definitions at left)			
3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. 4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. 5. OTHER	4. What is your sex? A. Female B. Male			
DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS: (The requirements are different from State Veterans Preference) VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975. DISABLED VETERAN: A person entitled to disability compensation	PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left) 5. Vietnam Era Veteran			
under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.	6. Disabled Veteran			
	PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU			
Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.	(refer to definitions at left) 7. Have a disability as defined 8. Interview accommodations may be necessary due to a disability			
For Personnel Dep	artment Use Only			
Remarks				
Employed?	ment			
Job Title Hourly Rate/Salary				
ByName and Title	Date			

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