

**WITHAM FAMILY PROPERTIES
APPLICATION FOR EMPLOYMENT**

Application submitted to:

(PLEASE PRINT)

(Name of Property)

PERSONAL INFORMATION

DATE: _____
NAME _____ S.S.# _____
LAST FIRST MIDDLE INITIAL

LOCAL ADDRESS _____ () _____ - _____
STREET CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS _____ () _____ - _____
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP TELEPHONE

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO ARE YOU CURRENTLY A STUDENT? YES NO

SEX: MALE FEMALE

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF A VISA OR IMMIGRATION STATUS?
 YES NO

EMPLOYMENT DESIRED

POSITIONS _____ AVAILABILITY: FROM _____ THRU: _____

ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN? _____

REFERRED BY: _____

EMPLOYMENT HISTORY

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ () _____ - _____
CITY STATE TELEPHONE

EMPLOYED FROM (month & year): _____ TO: _____ WEEKLY PAY START: _____ LAST: _____

STATE JOB TITLE AND DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ () _____ - _____
CITY STATE TELEPHONE

EMPLOYED FROM (month & year): _____ TO: _____ WEEKLY PAY START: _____ LAST: _____

STATE JOB TITLE AND DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

EDUCATION

	NAME AND CITY/STATE	CIRCLE LAST YEAR COMPLETED			
HIGH SCHOOL	_____	1	2	3	4
COLLEGE	_____	1	2	3	4
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____	1	2	3	4

SUBJECTS STUDIED AND DEGREE(S) RECEIVED SINCE HIGH SCHOOL: _____

REFERENCES

Give the names of two persons not related to you, whom you have known for at least one year.

	NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN
1.	_____	() _____	_____ - _____	_____
2.	_____	() _____	_____ - _____	_____

OTHER INFORMATION

DO YOU CURRENTLY HOLD A VALID DRIVER'S LICENSE? YES NO

IN CASE OF EMERGENCY NOTIFY: _____ () _____ - _____

NAME RELATIONSHIP TELEPHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE SUBJECT TO MY SUCCESSFULLY COMPLETING A PRE-EMPLOYMENT PHYSICAL EXAM, AND FURTHER, I AUTHORIZE THE EXAMINING PHYSICIAN TO RELEASE RELEVANT INFORMATION REGARDING THE RESULTS OF THIS EXAM TO THE BAR HARBOR INN.

SIGNATURE

DATE

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.