

U-CAN INC.
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Bangor, Maine 04402
Phone {207} 945-4033
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APPLICATION FOR EMPLOYMENT
{Pre-employment questionnaire} {equal opportunity employer}

PERSONAL INFORMATION

NAME _____ DOB ___/___/___ SS# _____
Last First Middle
Maiden Name _____ Any Aliases? _____

PRESENT ADDRESS _____
Street city state zip

FOR HOW LONG _____
TELEPHONE NUMBER _____ ALTERNATIVE NUMBER _____
DRIVERS LICENSE NUMBER _____ STATE ISSUED _____
AUTO INSURANCE CO. _____ POLICY# _____
EMAIL ADDRESS _____

DO YOU HOLD A VALID DRIVERS LICENSE? {NOT UNDER SUSPENSION}
DO YOU HAVE RELIABLE TRANSPORTATION? _____

*ANY OUI'S IN THE PAST THREE YEARS WILL AUTOMATICALLY EXCLUDE
YOU FROM OUR EMPLOYMENT.

UPON HIRE A COPY OF YOUR INSURANCE CARD WILL BE REQUESTED
INDICATING 300,000-500,000 LIABILITY INSURANCE WICH WILL BE
REQUIRED ANNUALLY.

PLEASE ANSWER THE FOLLOWING

1. ARE YOU 18 YEARS OF AGE OR OLDER? _____
2. ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN
THE UNITED STATES? _____
3. HAVE YOU EVER BEEN CHARGED, CONVICTED, OR SUBSTANCIATED OF
ABUSE, NEGLECT, AND/OR EXPLOITATION OF ADULTS AND/OR CHILDREN?
If yes please explain _____

4. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY AND/OR A
MISDEMEANOR? If yes, Please explain _____

5. WHAT IS YOUR PRIMARY LANGUAGE THAT YOU CAN WRITE, SPEAK, AND UNDERSTAND? _____ DO YOU HAVE ANOTHER LANGUAGE THAT YOU ARE FLUENT IN? _____

EMPLOYMENT DESIRED

POSITION _____ START DATE _____ SALARY DESIRED _____

HOW MANY HOURS ARE YOU LOOKING FOR? _____

WHAT IS YOUR AVAILABILITY? {days and times} _____

ARE YOU EMPLOYED NOW? Yes or No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER CONCERNING YOUR JOB PERFORMANCE? Yes or No

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____ WHERE? _____

EDUCATION

DID YOU GRADUATE? Yes or No
HIGH SCHOOL _____
COLLEGE/UNIVERSITY _____

*CREDIT CANNOT BE GIVEN WITHOUT ATTACHED COPIES OF DIPLOMA, DEGREE, OR CERTIFICATIONS.

DO YOU HAVE CURRENT DSP/CRMA/FIRST AID & CPR CERTIFICATIONS? _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK. LIST CURRENT CERTIFICATIONS AND TRAINING YOU HAVE COMPLETED. _____

MILITARY SERVICE

1. ARE YOU ENLISTED IN ANY BRANCH OF THE MILITARY? Yes or No If yes please list branch _____ RANK _____

AS A CONDITION OF EMPLOYMENT THE STATE OF MAINE REQUIRES A SBI CHECK PRIOR TO EMPLOYMENT U-CAN INC. RESERVES THE RIGHT TO DRUG TEST THEIR EMPLOYEES FOR ILLEGAL SUBSTANCES IF THEY FALL UNDER SUSPICION OF BEING ON DRUGS WHILE IN THE WORK PLACE

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING ANY INFORMATION. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DAY OF PAYMENT OF MY WAGES AND/OR SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE _____ DATE _____