

APPLICATION FOR EMPLOYMENT

H.B. Fleming, INC.

89 Pleasant Avenue

South Portland, ME 04106

Please Print Clearly:				
Position applied for:	D	ate:		
Name:				
Address:				
Telephone:	Cell Phone	:		
E-Mail Address:	SS#			
Have you applied for a position here before:YES			NO	
Are you prevented from lawfully being employed in this country b	because of VISA	or Immigration Status?	Proof o	of citizenship or immigration
status will be required upon employment:YES	N	1O		
Are you on layoff and subject to recall?YES	-	NO		
This job requires overnight travel, will this be a problem?	YES _	NO		
Do you have a VALID DRIVERS LICENSE?Y	ES	NO		
Driver's License # State Date of Birth				
Salary Requirements:/hour				
Answering yes to this question does not eliminate you fro and rehabilitation will be taken into account.	om consideration.	. Factors such as time o	f offens	se, seriousness of offense,
Have you been convicted of a felony in the past seven years?	YES	NO		
If yes, please explain				
Please list special skills, certifications (crane, welding, safety, etc.)), education, etc.			



EDUCATION

Dates of Attendance

Degree/Certificates

Type of School

Name/Location

High School:		
College:		
Trade:		
Additional Comments on Education:		



EMPLOYMENT HISTORY

Start with your most recent position. Include military service and assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disabilities, and other protected status.

1.	Employer:
	• Telephone:
	• Address:
	• Supervisor(s):
	Dates Employed:
	• Reason for Leaving:
2.	Employer:
	• Telephone:
	• Address:
	• Supervisor(s):
	Dates Employed:
	• Reason for Leaving:
3.	Employer:
	• Telephone:
	• Address:
	• Supervisor(s):
	Dates Employed:
	Reason for Leaving:



WORK REFRENCES

1.	Name:	
	•	Address:
		Telephone:
2.	Name:	
	•	Address:
		Telephone:
3.	Name:	
		Address:
		Telephone:

Additional Comments:

In consideration of possible employment and/or actual employment with H.B. Fleming, Inc., I agree as follows:

- 1. That the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- 2. In the event that the company considers employment to me, I understand that such offer is conditional on:
 - a. the ability and physical capacity to perform the essential functions of the offered position with or without reasonable accommodation.
 - b. a criminal background verification from public and private sources that is acceptable to the company and integrity consistent with H.B. Fleming's positive reputation and ethical philosophy.
- 3. I agree to adhere to all provisions of the Company's policies and procedures that apply to my position in the company and further understand that the company may amend those provisions at any time, as it deems appropriate in its sole discretion. In no event, however, shall these policies and procedures be construed to alter my right or the right of the company to terminate my employment at any time, for any reason, with or without cause.

As the applicant, I certify that this application was completed by me; that all entries on it are true and complete to the best of my knowledge; and that I have read, understand, and agree to the provisions in the preceding paragraphs. I certify that this application is being submitted solely for the purpose of seeking employment with the company and for no other reason.

In connection with my application for employment I understand that several reports may be requested and may include information as to my character, work habits, academic credential verification, job performance, experience and reasons for termination. Further I understand that H.B. Fleming will verify with me, along with the information covered above, any information related to the consideration of my employment.

I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, H.B. FLEMING, INC. AND THEIR AUTHORIZED AGENTS AND ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSON GATHERING OR FURNISHING THE ABOVE-MENTIONED INFORMATION. I FURTHER ACKNOWLEDGE THAT A TELEPHONE FACSIMILE (FAX) OR PHOTOGRAPHIC COPY OF THIS RELEASE WILL BE AS VALID AS THE ORIGINAL.

PRINT APPLICANT'S NAME	TODAY'S DATE
APPLICANT'S SIGNATURE	