

NATIVE MAINE PRODUCE & SPECIALTY FOODS
APPLICATION FOR EMPLOYMENT

CONTINUED

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO	WHEN?
IF YES, PLEASE DESCRIBE THE CRIME - STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE. _____ <i>No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date and nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.</i>	

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO
IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____ <i>Native Maine complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility.</i>

AUTHORIZATION

"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 contains herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree tht no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____

SIGNATURE _____

Do NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

DATE _____

REMARKS

HIRED	POSITION	WILL REPORT	SALARY WAGES
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