



Your First Choice for Gases, Welding & Innovative Solutions Since 1929

**PO Box 25 22 Albiston Way  
Auburn, ME 04212-0025**

**Phone: (207) 784-5788 Fax: (207) 784-5240**

**APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**Personal Information:**

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 or Older?  Yes  No

If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Were you ever employed here?  Yes  No If yes, when? \_\_\_\_\_

Have you been convicted of any law violation (except a minor traffic violation)?  Yes  No

If yes, please explain: \_\_\_\_\_

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment?  Yes  No

If yes, please explain: \_\_\_\_\_

**Position You Are Applying For:**

When can you Start? \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you were referred to us by an employee please provide their name: \_\_\_\_\_

How Did you hear of the Position? \_\_\_\_\_

Are you seeking: Fulltime/Partime/Temporary employment?  Full Time  Part Time  Temporary

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**Education:**

High School

City

State

High School Years Completed: \_\_\_\_\_

Undergraduate College

City

State

Degree Earned: \_\_\_\_\_

Subjects Studied While in College: \_\_\_\_\_

Graduate College

City

State

Degree Earned: \_\_\_\_\_

Subjects Studied While at Graduate School: \_\_\_\_\_

Business or Technical School

City

State

Degree Earned: \_\_\_\_\_

Subjects Studied While at Graduate School: \_\_\_\_\_

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**Special Skills:**What skills or additional training do you have that are related to the job for which you are applying?  
\_\_\_\_\_What machines or equipment can you operate that are related to the job for which you are applying?  
\_\_\_\_\_**For Driving Jobs Only: Do you have a valid driver's license?** Yes No

Driver's License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years?  Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)  
\_\_\_\_\_

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**References**Are you presently employed?  Yes  No May we contact your present employer?  Yes  NoHave you ever been fired or asked to resign from a job?  Yes  No If yes, please explain below:  
\_\_\_\_\_Have you worked or attended school under any other names?  Yes  No

If yes, give names: \_\_\_\_\_

**Business References (Give three references, not relatives or former employers.)**

Name	Address	Work #	Home #

**Work History:** List names of employers with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.

Employer	Address	Phone	From	To	Salary	Title	Supervisor

**AFFIDAVIT**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please type your First and Last Name

\_\_\_\_ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

This application for employment will remain active for a limited time. Ask the organization representative for details.