



928 MINOT AVENUE
 AUBURN MAINE 04210
 TEL-207-786-2446
 FAX-207-786-4168

APPLICATION FOR EMPLOYMENT

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at NEWFAB, Inc. will be based on merit, qualifications and abilities. NEWFAB, Inc. does not discriminate in employment opportunities or practices on the base of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by the law.

PERSONAL	Last Name	First Name	Middle Initial
	Street Address	S/S#	
	City, State, ZIP	Home Phone or Cell Phone-	
	Have you ever applied for employment at NEWFAB? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?		
	Have you ever been employed by NEWFAB? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?		
	Position Desired	Are you available for full-time work?	
	Why did you choose to apply at NEWFAB?	Are you available for part-time work?	
		Are you available for temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes Will you work overtime if asked? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
When will you be available to work?	Date available to start work		
What are your goals?	Starting wages desired?		

EDUCATION	School	Name And Location of School	Course of Study	No. of Years	Did you receive a degree of diploma
	College				
	High School				
	Other				
	Are you planning on pursuing other studies? <input type="checkbox"/> Yes <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> No If so, where and what course of study?				

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT		Please give accurate, complete full and part-time employment.
EMPLOYER 1	Company Name	Telephone ()
	Address	Employed (Month/Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	Job Title and Description of Work Done	Reason for Leaving
EMPLOYER 2	Company Name	Telephone ()
	Address	Employed (Month/Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	Job Title and Description of Work Done	Reason for Leaving
EMPLOYER 3	Company Name	Telephone ()
	Address	Employed (Month/Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	Job Title and Description of Work Done	Reason for Leaving
EMPLOYER 4	Company Name	Telephone ()
	Address	Employed (Month/Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	Job Title and Description of Work Done	Reason for Leaving

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE. IF YOU DO NOT WANT AN EMPLOYER CONTACTED, LIST IT TO THE RIGHT. EMPLOYER# _____ REASON _____
 EMPLOYER# _____ REASON _____

APPLICANT'S CERTIFICATION AND AGREEMENT: I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that my employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the president has any authority to alter the forgoing.

SIGNATURE _____

DATE _____



IMMIGRATION REFORM AND CONTROL ACT REQUIREMENTS

In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this company. Please be prepared to provide any of the following documentation in the event you are offered and accept a position with us.

Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Unexpired foreign passport with unexpired endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

Or one from List A and one from List B:

These establish employment authorization:

1. Social Security Card (unless it specifies that it doesn't authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or in a state which does not issue an I.D. card (other than a driver's license)

**THIS VERIFICATION PROCESS IS A REQUIREMENT FOR ALL
EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986**