

**HARTFORD'S FORKLIFT  
SERVICE & REPAIR**

50 Northern Ave.  
Auburn, ME 04210  
Phone: 207-212-4769 • Fax: 207-784-4910



PLEASE PRINT ALL REQUESTED  
INFORMATION EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT MUST BE 18 YEARS OF AGE TO APPLY  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE \_\_\_\_\_

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

Present Address \_\_\_\_\_  
Number Street City State Zip

How Long \_\_\_\_\_ Phone \_\_\_\_\_

Position Applied For \_\_\_\_\_ Days/Hours Available to Work \_\_\_\_\_

Desired Salary Range \_\_\_\_\_ No Preference \_\_\_\_\_ Thurs \_\_\_\_\_

How Many Hours Can You Work Weekly? \_\_\_\_\_ Mon \_\_\_\_\_ Fri \_\_\_\_\_

Can You Work Nights? \_\_\_\_\_ Tue \_\_\_\_\_ Sat \_\_\_\_\_

Date Available To Start \_\_\_\_\_ Wed \_\_\_\_\_ Sun \_\_\_\_\_

Employment Desired Full-Time  Part-Time  Full-Time or Part-Time

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade				
Professional				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation

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DO YOU HAVE A VALID DRIVERS  
LICENSE? Yes  No

What is your means of transportation to  
work? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of issue \_\_\_\_\_ Class \_\_\_\_\_

Expiration Date \_\_\_\_\_ **PLEASE PROVIDE A COPY OF YOUR DRIVING RECORD WITH APPLICATION**

Have you had any accidents during the past three  
years? \_\_\_\_\_ Yes  No  How Many? \_\_\_\_\_

Have you had any moving violations during the past seven years? Yes  No

If yes, what was the nature of the violation and when did the violation occur:

**Please list two references other than relatives or previous employers**

Name \_\_\_\_\_ Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

HAVE YOU EVER BEEN IN THE ARMED  
FORCES? Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_

Honorably Discharged Yes  No  Date Discharged \_\_\_\_\_

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**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name & Address of Employer		Name of last supervisor	Employment dates		Hourly Wage
			From		
			To		
Reason for Leaving (Please be Specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

Name & Address of Employer		Name of last supervisor	Employment dates		Hourly Wage
			From		
			To		
Reason for Leaving (Please be Specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

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May we contact your present Employer? Yes  No

Did you complete this application yourself? Yes  No

If no, who completed this application for you and why?

Is everything on this application true and correct? Yes  No

Please add any additional information that may help to qualify you for the position applied for,

Signature \_\_\_\_\_