

Rock Coast Personnel

Personal Information

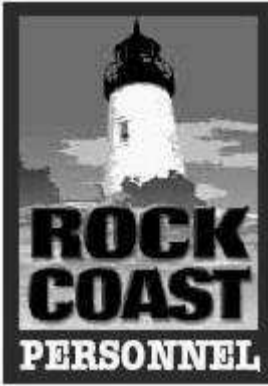
First Name		Last Name		MI		Date	
Phone #			Other Phone				
E-Mail			Street				
City			State			Zip	
How did you hear of us?			<input type="checkbox"/> Friend <input type="checkbox"/> Business: _____ <input type="checkbox"/> Rock Coast Site <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> JobsInMe <input type="checkbox"/> Craig's List <input type="checkbox"/> Glass Door <input type="checkbox"/> Indeed <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____				
Would you follow our Job Postings on the following?			<input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Other: _____				
Are you able, with or without accommodation, to perform the tasks essential for this position?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reliable Transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Busline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Own Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Name				Phone #			
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain <i>(each case is individually considered)</i> :				

Availability

Are You Applying for:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Work Type:	<input type="checkbox"/> Temp	<input type="checkbox"/> Temp to Hire	<input type="checkbox"/> Direct Hire
Are You Available for Same Day Assignments:	<input type="checkbox"/> Yes <input type="checkbox"/> No		How Much Notice Do You Require:			
Dates Available for Work:	Start Date:			End Date:		
Shifts Available:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Days:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Holidays			
What Are Your Salary Requirements:			Please Check One:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		

Please Do Not Write Below This Line

Interviewer Notes



***Bringing the Best Qualified
People and Companies Together***

Sign Off Sheet

In your past employment have you ever been disciplined or received written warnings for any one of the following reasons:

- Harassment
- Workplace Violence
- Illegal Drug Use
- Alcohol Abuse

If yes, please explain:

I hereby affirm that all information given by me in this Sign Off Sheet is true and complete. If the answers are untrue or misleading, you have the right to dismiss me immediately.

Signature of Employee

Date

Please sign by entering your full name between forward slashes. (Example: /My Name/) You agree your electronic signature is the legal equivalent of your manual signature on this Sign Off Sheet. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the Company.

**210 Western Ave – South Portland, ME 04106
www.rockcoastpersonnel.com – Fax: (207) 799-6739
(207) 799-6732**

Please sign by entering your full name between forward slashes. (Example: /My Name/) You agree your electronic signature is the legal equivalent of your manual signature on this Release. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the Company.

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Work History

First Name		Last Name		Date	
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Education

High School <i>(Please Indicate Highest Grade Completed from 1-4)</i>		GED (Yes/No)	
College or University			
Grade Point Average		Graduated (Yes/No)	
Type of Degree		Major	
Vocational / Internship Experience			

Previous Employment

Start Date	End Date	Company Name & Address	Phone Number	Supervisor	Job Title	Salary	Reason for Leaving

Professional References

Name	Company Name & Address	Phone Number	Title	Years	Relationship

By filling out this work history I hereby affirm that all information given by me on this Work History Form is true and complete. If my answers are untrue or misleading, you have the right to dismiss me immediately. If selected for employment, I agree to provide documentation showing that I am authorized to work in the United States. You may contact my former employers for references and release the information herein to your clients and insurance companies and may give references regarding me. (At your request I will submit to a physical examination by a doctor of your choice. Such physical examination may include testing for drugs and alcohol.) My employment may be terminated by you at any time and you will only be liable for wages earned up to termination. While working for you, I will be considered an employee of Rock Coast Personnel and an employee at will. I will obtain permission before discussing regular employment with your clients. I will keep confidential all information I learn from your clients.