

Accidental Anomalies, Inc.
Employment Application

PERSONAL INFORMATION
(Please print or type all information)

Date: _____

Last Name:	First Name:	Middle Name:
Street Address:	City, State	Zip Code
Home Telephone:		Cell Telephone:
Work Telephone:		E-Mail Address:
Social Security Number:		
Upon employment, can you show verification of your legal right to work in the United States? Yes No		Are you at least 18 yrs old? Yes No
Have you ever been convicted of a felony, which has not been expunged or sealed by a court? Yes No		

POSITION APPLYING FOR:

Position Desired:		Salary Desired:	\$ _____
How were you referred?	Newspaper Employment Referral (provide name -->) Web Site Employee Referral Other (provide information -->)		
Have you ever applied for employment with us before? If "Yes", give dates and department/location. Yes No			
Have you ever been employed by us before? If "Yes", give date(s) and department/location(s). Yes No			
Are you acquainted with or related to any employee of our company? If "Yes", identify by name and relationship. Yes No			
Date Available to Start:		Shift Preferred:	
Available to Work:	Full Time Part Time Temporary Seasonal	Days/Hours Available:	

EDUCATION

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA/DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS, TECHNICAL, TRADE SCHOOL			
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY):			
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY):			

U.S. MILITARY SERVICE

BRANCH/DUTY/LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS/SPECIAL TRAINING/ SERVICE SCHOOLS ATTENDED

WORK EXPERIENCE (begin with most recent position)

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	To:	\$ -	\$ -
WORK PERFORMED:			
REASON FOR LEAVING (be specific):			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	To:	\$ -	\$ -
WORK PERFORMED:			
REASON FOR LEAVING (be specific):			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	To:	\$ -	\$ -
WORK PERFORMED:			
REASON FOR LEAVING (be specific):			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	To:	\$ -	\$ -
WORK PERFORMED:			
REASON FOR LEAVING (be specific):			

STATE WHETHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT AND DESCRIBE THE CIRCUMSTANCES

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SPECIALIZED SKILLS (Skills/Equipment Operated)

WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY)?

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ADDITIONAL INFORMATION

WOULD YOU CONSIDER RELOCATION?	
<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, please list limitations:	
WOULD YOU TRAVEL IF NECESSARY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, please list restrictions:	

PERSONAL REFERENCES - Give names of three persons to whom you are not related and by whom you have not been employed.

NAME/ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

CONDITIONS FOR EMPLOYMENT:

Please read the following statements carefully as they constitute conditions for employment.

<p>1. The information that I have provided on this application is accurate and true to the best of my knowledge.</p> <p>2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.</p> <p>3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that maybe requested to arrive are an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.</p> <p>4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.</p> <p>5. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the Chief Executive Officer of the company may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the Chief Executive Officer.</p> <p>6. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.</p> <p>7. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensors, marketing partners or clients entrusted to the company, and I will not disclose to the company any confidential information of others.</p>	
Signature	Date

Thank you for taking the time to complete our Employment Application.
 The Employment Application will only be valid for 90 days from the date of the application.
 If you wish to be considered for employment subsequent to that date, a new application must be completed.

Mail or email application to:
Accidental Anomalies, Inc.
Attn: Chris
 7 Strawberry Avenue, Turner, ME 04282
 Tel: (207) 966-2107

 Chris@AccidentalAnomalies.com