



**WYMAN & SIMPSON, INC** *Engineers & Contractors*

910 Main Street | P.O. Box 40 | Richmond, Maine 04357 | Phone 207-737-4471 | Fax 207-737-8565

**APPLICATION FOR EMPLOYMENT**

Wyman & Simpson, Inc. Provides equal opportunities to all employees and applicants for employment without regard to race, color, sex (including pregnancy and related conditions), religion, creed, veteran status, ancestry or national origin, age, physical or mental disability, sexual orientation, gender identity, place of birth, marital status, genetic information, or any other characteristic protected under applicable state, federal, or local law. This policy applies to all terms and conditions of employment, including but not limited to, hiring, placement, promotion, termination, layoff, recall, transfers, leaves of absence, compensation, and training.

Referred By a Wyman & Simpson Employee?  YES  No \_\_\_\_\_  
(Employee's Name)

**FOR OFFICE USE ONLY**

Physical Date \_\_\_\_\_ Title \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_

Social Security Number \_\_\_\_\_ Work Location \_\_\_\_\_

Classification (Please circle one)

Seasonal Hourly

Year-round Hourly

Part-time

Seasonal Weekly Salaried

Year-round Weekly Salaried

Student

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Have you ever worked for Wyman & Simpson, Inc. before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Job Applied For \_\_\_\_\_ Start date? \_\_\_\_\_ Desired pay \_\_\_\_\_

**PRIOR WORK HISTORY**

*Please Provide a complete work history for the last 10 years.*

From	To	Name & Address	Supervisor Name & Phone Number	Position	Rate of Pay	Reason for Leaving

**EDUCATION**

School Level	School Name	Years Completed	Course of Study	Degree Awarded	Other Training
Grade School					
High School					
College					
Other					

If applying for a truck driver's position, are you at least 21 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

If applying for any other position, are you at least 18 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a current driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes: \_\_\_\_\_  
*State* *Type* *Exp. Date*

Has your license ever been suspended? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide the dates and reason: \_\_\_\_\_

Please list all experiences, skills or qualifications which you feel would especially suit you for work with our company: \_\_\_\_\_

**Please Read Carefully**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. Wyman & Simpson, Inc. and it's officials, are hereby authorized to investigate any statements contained in this application.

I also understand that a post-offer physical, including drug screen, are prerequisites to my employment and I hereby consent to such an exam in order to to determine my ability to perform the duties of the job I am being considered for.

**EMPLOYMENT-AT-WILL**

I understand and agree that, if hired, my employment will be at-will and may be terminated with or without notice at any time at my option or at the option of Wyman & Simpson, Inc. I understand that only a written agreement expressly to the contrary signed by me and the President of Wyman & Simpson, Inc. can vary this employment-at-will policy. I agree to conform to the policies and procedures of Wyman & Simpson, Inc.

\_\_\_\_\_  
*Signature of Applicant*

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



**REFERENCE RELEASE FORM**

In connection with my application for employment at Wyman & Simpson, inc., I hereby authorize Wyman & Simpson, Inc. to contact any of my former employers, my present employer and any school which I attended. I consent to the release of any information and records pertaining to my employment or education, to Wyman & Simpson, Inc. I hereby release from liability all individuals and organizations who provide information to Wyman & Simpson, inc. pursuant to the authorization. I also release from liability Wyman & Simpson, Inc. and its employees, officers, directors or agents from their acts in connection with the review and processing of my application for employment and for any acts undertaken pursuant to this authorization.

I agree that a duplicate of this form will be effective as the original.

I am voluntarily furnishing the information below in order to assist in locating my records.

Applicant's Name: \_\_\_\_\_

Applicant's Maiden Name: \_\_\_\_\_

Any other name used by applicant: \_\_\_\_\_

Applicant's Social Security Number (optional): \_\_\_\_\_

**MAY WE CONTACT YOUR PRESENT EMPLOYER?**  YES  NO

\_\_\_\_\_  
*Signature of Applicant* *Date*