



337 East Main Street, Yarmouth, ME 04096
 Phone:(207) 846-4398 Fax:(207) 846-5262
heidi@estabrooksonline.com

For Office Use Only (mark with date each item was received):

_____ W-4	_____ Background Check	2 Forms of ID
_____ I-9	_____ Work Agreement	_____ Passport
	_____ Training	_____ School ID
		_____ Birth Cert.
		_____ D. License
		_____ SS Card

SEASONAL EMPLOYMENT APPLICATION

NAME: _____ TODAYS DATE: _____
First Middle Initial Last

ADDRESS: _____
(Summer/Home Address) Street/Apt City State Zip

E-MAIL: _____ PHONE #: _____

WILL YOU HAVE TRANSPORTATION TO AND FROM WORK? YES NO

DO YOU HAVE FRIENDS, RELATIVES OR IN-LAWS WORKING AT ESTABROOKS? YES NO

If Yes, Name: _____ Department: _____

YEARS OF EDUCATION: Please circle completed education levels

HIGH SCHOOL 9 10 11 12 **COLLEGE** 1 2 3 4 **GRADUATE** 1 2 +

High School Attended: _____
 Location: _____
 College Attended: _____
 Major / Degree: _____

EMPLOYMENT INTEREST/AVAILABILITY FOR WORK:

WORK INTEREST/POSITION APPLIED FOR: _____

Earliest start date: _____ Last date available: _____

If applicable, will you need any time off this summer? YES NO

If yes, specify dates: _____

Have you been previously employed by Estabrook's: YES NO If Yes, what Years: _____

DAYS AND TIMES AVAILABLE FOR WORK: (mark/check all that apply)

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8:00-12:00pm							
Mid-Day 11:00-3:00pm							
Afternoon 2:00-6:00pm							

Please circle one: **FLEXIBLE** **SOMEWHAT FLEXIBLE** **SOME RESTRICTIONS**

WORK EXPERIENCE: please include resume if available

Employer:	Address:	Phone:
Length of Employment: From: To:	Duties:	
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please list contact name:	Leadership Positions Held: Special Training/Knowledge Gained:	

Employer:	Address:	Phone:
Length of Employment: From: To:	Duties:	
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please list contact name:	Leadership Positions Held: Special Training/Knowledge Gained:	

Employer:	Address:	Phone:
Length of Employment: From: To:	Duties:	
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please list contact name:	Leadership Positions Held: Special Training/Knowledge Gained:	

ADDITIONAL REFERENCES:

Reference Name:	Relationship:	Phone:
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Estabrook's is an equal opportunity employer dedicated to a policy of compliance with all federal, state and local laws regarding no-discrimination in employment. Applicants are considered for all positions without regard to race, color, religion, gender, ancestry or national origin, citizenship status, age, marital status, sexual orientation, veteran status, mental or physical disability, or the presence of a non-job-related medical condition. No question on this application is intended to secure information to be used for unlawful purposes.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

SIGNATURE: _____ DATE: _____