

Strainrite Companies
65 First Flight Drive
P.O. Box 1970
Auburn, ME 04211-1970

The
STRAINRITE
Companies | World Class
Filtration

APPLICATION FOR EMPLOYMENT

Strainrite Companies, a division of Lapoint Industries, is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, disability, veteran status or any other protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors.

If you need help filling out the application, please contact Strainrite Human Resources Dept. (207) 376-1615

Job Applied For:		Today's Date:	
Are you seeking: Full-Time ☐		Part-Time ☐ Temporary ☐	
When could you start work?			
Last Name:		First:	Middle:
Street Address:			
City:		State:	Zip: Telephone:
Are you 18 years of age or older?		Yes: ☐	No: ☐
Social Security Number:			

Have you ever applied here before?		Yes: ☐	No: ☐	If yes, when?
Were you ever employed here?		Yes: ☐	No: ☐	If yes, when?
If hired, can you furnish 2 forms of ID to prove that you are eligible to work in the United States?				
		Yes: ☐	No: ☐	
<i>(If unsure of the documents you need to prove eligibility to work in the United States, we will be glad to explain the legal documents)</i>				
Are you able to perform the essential duties of the job for which you have applied?				
		Yes: ☐	No: ☐	

Have you ever worked under another name?	
Yes: ☐ No: ☐	
If yes, please give names:	
Are you presently employed?	
Yes: ☐ No: ☐	
If yes, may we contact your present employer?	
Yes: ☐ No: ☐	
Have you ever been fired from a job or asked to resign?	
Yes: ☐ No: ☐	
If yes, please explain:	

Education:

School	Name/Location	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree
Graduate					
College					
Business/Trade					
High School					
Elementary					

Employment History:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Please fill out all information for each employer listed.

Name of Employer:		Telephone Number:	
Address:			
Street		City	State Zip
Job Title and Duties:			
Date of Employment – From:		To:	
Pay – Start:	Finish:	Supervisor's Name:	
Reason for Leaving:			

Name of Employer:		Telephone Number:	
Address:			
Street		City	State Zip
Job Title and Duties:			
Date of Employment – From:		To:	
Pay – Start:	Finish:	Supervisor's Name:	
Reason for Leaving:			

Name of Employer:		Telephone Number:	
Address:			
Street	City	State	Zip
Job Title and Duties:			
Date of Employment – From:		To:	
Pay – Start:	Finish:	Supervisor’s Name:	
Reason for Leaving:			

Name of Employer:		Telephone Number:	
Address:			
Street	City	State	Zip
Job Title and Duties:			
Date of Employment – From:		To:	
Pay – Start:	Finish:	Supervisor’s Name:	
Reason for Leaving:			

Name of Employer:		Telephone Number:	
Address:			
Street	City	State	Zip
Job Title and Duties:			
Date of Employment – From:		To:	
Pay – Start:	Finish:	Supervisor’s Name:	
Reason for Leaving:			

Name of Employer:		Telephone Number:	
Address:			
Street	City	State	Zip
Job Title and Duties:			
Date of Employment – From:		To:	
Pay – Start:	Finish:	Supervisor’s Name:	
Reason for Leaving:			

References:

Please list (5) names of professional, work-related references:

Name	Address	Phone	Occupation

1. Terms of Employment: *I understand that all employment at Strainrite Companies is “at will,” that is the employee may leave at any time, and Strainrite Companies may dismiss any employee at any time without cause.*

2. Benefits, Policies and Procedures: *I understand that Strainrite Companies offers a benefit package for employees and maintains personnel policies and procedures, any of which may be modified at any time by Strainrite Companies without prior notice.*

3. Authorization: *I authorize:*

- a. Strainrite Companies to investigate all statements made on this application or any application or any other materials by me in connection with employment at Strainrite Companies.*
- b. Strainrite Companies may contact any past employers and/or any of the listed references.*
- c. Any person, school, organization, employer or governmental agency to provide Strainrite Companies with relevant information and opinion that may be useful to Strainrite Companies in making this employment decision, and I release such persons, organizations and Strainrite Companies from any legal liability as a result of providing or using such information.*

4. Criminal Conduct: *I agree to notify Strainrite Companies of any future convictions of any felony or any crime involving dishonesty or violence against another person while this application is pending or during my future employment.*

5. Conflicts: *I understand that, if hired, I may not hold other employment nor engage in activities which would create a conflict with my position at Strainrite Companies.*

6. Finally, *I authorize Strainrite Companies to deduct from my final paycheck(s) all monies due and owing to the company.*

I hereby certify that all information provided is complete and accurate and that I have read the six (6) items listed above and agree to these terms entirely.

Electronic Signature: *I, the applicant for this digital application, warrant the truthfulness of the information provided herein.*

Please type your First and Last Name:

☐ *I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.*

*Thank you for filling out this application and for your interest in Strainrite Companies.
Upon completing the application, save this pdf and email it to **employment@Strainrite.com**.*

NOTE: *We will contact you if we wish to set up an interview. No phone calls please!*