Job App	lication	Print	& Mai	I to: Misty H	larbo	or Inc. P O Bo	ox 367	, Wells,	ME 04090
Today's Date						Social	Securit	y No.: Up	on Request
NAME	(First)		(IV	fliddle Initial)			(La	ist)	
STREET ADD	RESS								
CITY/TOWN			STATE				ZIP		
PHONE (Cell)			PHO	NE (Home)			PHO	NE (Altern	nate)
BEST TIME TO	CALL								
Are you relate	d to any MH/SM	employee	es:	YES	NO				
If yes, Name/P	osition:								
Desired Position:				art ite:			Desire Wage:	d	
Work Availa	bility (Note D		ours		ailab	ole)	go.		
SUN	MON	TUE	S	WED		THUR	F	RI	SAT
YES	NO	Are you currently employed?							
YES	NO	May we contact your current employer?							
YES	NO	Do you h	nave y	our own tra	ansp	ortation to wo	ork?		
YES	NO	Are you	legall	y able to wo	rk ir	the United S	States	?	
YES	NO	Do you speak a foreign language fluently? What Language(s)							
EDUCATION	N HISTORY	vviiat La	ingua	ge(3)					
High School,	Name & Add	ress	Years	s Attended	<u> </u>	Date Gradua	ted	Subjec	t Studied
College, Name & Address			Years Attended		<u> </u>	Date Graduated		Subject Studied	
Trade/Business, Name & Address			Voor	s Attended		Date Gradua	tod	Subject	t Studied
TIAUC/DUSITE	coo, maine & A	uuiess	i cal	5 ALICHUEU		Dale Glauda	ıcu	Subjec	, Studied
Subjects of s	special interes	t or resea	arch.						
	·		'						
Other activiti	es (civic, athle	etic, etc.):							

FORMER EMPLOYMENT RECORD

	Company Information	Salary	Position	Reason for leaving				
From	Name							
	Address							
Го	Contact							
	Phone							
rom	Name							
	Address							
Го	Contact							
	Phone							
rom	Name							
	Address							
Го	Contact							
	Phone							
	CES ne of two (2) people not related to y		nave know fo	or more than one (1) year.				
Name:		Name:						
City/State:		City/State:	City/State:					
City/State:		City/State:	City/State:					
Business/Prof.:		Business/	Business/Prof.:					
business/Proi								
Business/Prof PHYSICAL Do you have	f.:	Business/		ect your ability to perform t				
PHYSICAL Do you have job for which Do you now gastro-intest	f.: . RECORD e any health problems or physical	limitations, whi	ch could affe	YES NO				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize inve	RECORD e any health problems or physical n you have, applied? v or have you had, within the lastinal infections, or have you ever h	l limitations, whi at 6 months, an ad hepatitis or s this application. I gree that my emplo	ch could affer y contagious almonella? understand that	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize inve facts is cause for the date of p	RECORD e any health problems or physical n you have, applied? v or have you had, within the las tinal infections, or have you ever h se explain in detail: estigation of all statements contained in for dismissal. Further I understand and a sayment of my wages and salary, be termi	l limitations, whi at 6 months, an ad hepatitis or s this application. I gree that my emplo	ch could affer y contagious almonella? understand that	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle				
PHYSICAL Do you have ob for which Do you now gastro-intest If YES, pleas authorize inversects is cause for the date of p	RECORD e any health problems or physical n you have, applied? or have you had, within the lastinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an anyment of my wages and salary, be termining.	this application. I gree that my emplo	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize inve facts is cause f of the date of p SIGNATUR	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and anyment of my wages and salary, be termining. RE RBOR/SEA MIST USE ONLY -	this application. I gree that my emplonated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize inve facts is cause f of the date of p	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and anyment of my wages and salary, be termining. RE RBOR/SEA MIST USE ONLY -	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize invel facts is cause f of the date of p SIGNATUR Interviewed	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an anyment of my wages and salary, be termining the statements of the salary in the salary.	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize invel facts is cause f of the date of p SIGNATUR Interviewed	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an anyment of my wages and salary, be termining the statements of the salary in the salary.	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize invel facts is cause f of the date of p SIGNATUR Interviewed	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an anyment of my wages and salary, be termining the statements of the salary in the salary.	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have ob for which Do you now gastro-intest of YES, please authorize investor the date of position of the date of position of the date	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an anyment of my wages and salary, be termining the statements of the salary in the salary.	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize inversects is cause f of the date of p SIGNATUR Interviewed Remarks:	RECORD e any health problems or physical you have, applied? of or have you had, within the lastinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an exament of my wages and salary, be terminated in the second seco	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have ob for which Do you now gastro-intest of YES, please authorize investors is cause for the date of physical parts in the same of the date of physical parts. MISTY HAI Interviewed Remarks: Time/Days Pre-planner	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and anyment of my wages and salary, be terminated by: REOR/SEA MIST USE ONLY - It by:	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest if YES, pleas authorize inversets is cause for the date of p SIGNATUR MISTY HAI Interviewed Remarks: Time/Days Pre-planner Seasonal E	RECORD e any health problems or physical you have, applied? of or have you had, within the lastinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and an anyment of my wages and salary, be terminated by: REOR/SEA MIST USE ONLY - diby: needed off: d vacation dates: Employee / Date of last day:	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand that yment is for no ithout previous	YES NO s or continuous diseases, YES NO at misrepresentation or omission definite period and may, regardle notice.				
PHYSICAL Do you have job for which Do you now gastro-intest If YES, pleas I authorize invefacts is cause f of the date of p SIGNATUR Interviewed Remarks: Time/Days Pre-planne	RECORD e any health problems or physical you have, applied? of or have you had, within the last tinal infections, or have you ever have explain in detail: estigation of all statements contained in for dismissal. Further I understand and anyment of my wages and salary, be terminated by: RECORD RECORD The problems or physical problems or physical problems. Estigation of all statements contained in for dismissal. Further I understand and anyment of my wages and salary, be terminated by: Indicate the problems or physical problems or physical problems. The problems or physical problems or physical problems or physical problems. The problems of physical problems or physical problems or physical problems. The problems of physical problems or physical problems or physical problems. The problems of physical problems or physical problems or physical problems. The problems of physical problems or physical problems or physical problems. The problems of physical problems or physical problems or physical problems. The problems of physical problems or physical problems or physical problems or physical problems. The problems of physical problems or physical problems. The problems of physical problems or physi	this application. I gree that my emplo nated at any time w	ch could affer y contagious almonella? understand the yment is for no ithout previous	YES N s or continuous disease YES N at misrepresentation or omis definite period and may, reg- notice.				