

**MAINE AUTOMATED TESTING SERVICES, LLC (MATS)
APPLICATION FOR EMPLOYMENT**

PLEASE RETURN COMPLETED APPLICATION TO:

**Maine Automated Testing Services LLC
Attn: Ken Bustard, Operations Manager
PO Box 3144
Brewer, ME 04412
Or Email kb@matsmaine.com
Tel (207) 659-2018**

It is the policy of MATS to provide equal employment opportunities to all applicants and employees without regard to race, color, sex, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, or other legally protected status.

Date of Application _____

Name _____

Last

First

Middle

Present Address _____

Street

City

State

Zip

Permanent Address _____

Street

City

State

Zip

Phone Number _____ Are you over 18 years old? Yes ☐ No ☐

How did you learn of this opening? _____

Have you worked at MATS before? Yes ☐ No ☐

Have you ever been convicted of a crime classified as Class A, B or C or the equivalent of any of these, or any reckless conduct that caused, threatened, solicited or created the substantial risk of bodily injury to another person within the preceding two years. Yes ☐
No ☐

Are you currently participating in a substance abuse recovery program, such as a methadone clinic? Yes No
Please explain: _____

EMPLOYMENT DESIRED

Position Applied for Drug Tesing Observer (part time) (full time) Date you can start _____

Salary/Wage Desired _____

Are you employed now? Yes ☐ No ☐ If so, may we contact your present employer? Yes ☐ No ☐

Are you legally eligible for employment in the United States Yes No

Have you ever been disciplined, discharged, or asked to resign from a position: Yes No

Are you now or have you ever been excluded from participating in Medicaid and/or Medicare?

EDUCATION

	Name and Location of School	Circle Last Year Completed				Graduate?		Diploma/ Degree
		1	2	3	4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High School								
College								
Graduate School								
Other Training/Education:								

WORK HISTORY

Please fill out completely, please do not write "refer to resume".

Current/Most Recent Employer _____ May we contact? Yes ☐ No ☐

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

--

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

In addition to your work history, what other experiences, skills or qualifications do you have which you believe would benefit the agency? _____

REFERENCES	List three work-related references.
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Name	Address	Phone	Position	Years Acquainted
1.				
2.				
3.				

Applicant's Certification & Agreement

I certify that the information contained in this application is correct and that I have not omitted any information. I understand that falsification or omission of information may result in immediate dismissal.

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by MATS or myself. I further agree and acknowledge that no MATS representative other than the CEO or Operations Manager has the authority to make any oral or written agreements for employment for a specified time or for specific conditions of my employment. I further agree and acknowledge that any agreement for employment for a specified period of time or specific conditions of my employment must be in writing and signed by the CEO or Operations Manager and me.

I authorize all schools, references, employers and any other person to provide my complete record, reason for leaving, and all other information they may have concerning me, including my personal character, habits, and employment records. I hereby release all such persons from any and all liability or claims for damage whatsoever that may result from responding to any inquiry or furnishing any information.

Signature of Applicant

Date

Revised February 2023