

TREATS  
P.O. Box 156  
80 Main Street  
Wiscasset, ME 04578

Name:  
Address:

Phone:  
email:

Are you applying for F/T P/T

What Days are you available to work? M T W Th F Sat Sun

When can you start?

Employment History- Begin with most recent

Dates	Name of Business		
Title and Duties			
Reason For Leaving	Supervisor's Name	Phone #	
Dates	Name of Business		
Title and Duties			
Reason For Leaving	Supervisor's Name	Phone #	
Dates	Name of Business		
Title and Duties			
Reason For Leaving	Supervisor's Name	Phone #	
Have you ever been convicted of a felony? Yes No			

Education/Training – Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes No

School	Name/Location	Diploma/Degree	Subject
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College/Univ.	Name/Location	Diploma/Degree	Subject
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Specialized Training	Name/Location	Diploma/Degree	Subject
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Special Skills applicable to TREATS  
i.e. retail experience, marketing, baking

References – Please give Names of three persons NOT related to you

Name	Address	Phone	Occupation
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- Why would you make a good addition to the TREATS team? Why do you want to work at TREATS?

The Information on this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

TREATS

80 Main Street

Wiscasset, Maine

207-882-6192

[www.treatsofmaine.com](http://www.treatsofmaine.com)

[treats@treatsofmaine.com](mailto:treats@treatsofmaine.com)