



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without regard to race, color, religion, creed, sex, national origin, marital, sexual orientation, citizenship or veteran status, the presence of a non-job related medical condition or handicap, disability, or any other legally protected status.

PLEASE PRINT ALL INFORMATION CLEARLY

Date _____

Name _____
LAST FIRST MIDDLE

Address _____
NO. STREET CITY STATE ZIP

How long have you lived at your current address? _____ If less than three years, use next line.

Previous Address _____
NO. STREET CITY STATE ZIP

Home Telephone _____ Work _____ May we contact you at work? Yes No
AREA CODE AREA CODE

Position applied for _____ Rate of pay expected \$ _____ per _____

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How did you learn of our organization? _____

Type of employment desired: full time part time temp. Date available _____

Please specify number of days and hours if part time and time period if temporary _____

Are you over 18 and legally eligible for employment in the United States? yes no

(Proof of U.S. citizenship, immigration status and right to work as specified under the Immigration and Reform Act will be required upon employment.)

Will you relocate if the job requires it? yes no Desired area _____

Will you travel if the job requires it? yes no Specify any restrictions _____

Do you have a reliable means of transportation to get to work? yes no

If you are applying for a position which may involve driving on behalf of the company, do you have a driving record free of citations and/or accidents? yes no

If not, please elaborate _____

Have you been convicted of a crime? yes no (Such conviction may be relevant if job related, but does not automatically bar you from employment.)

If yes, please elaborate _____

EMPLOYMENT HISTORY

Please give accurate, complete, full time and part-time employment record. Start with your present or most recent employer. Please account for any gaps in employment by indicating the time frame and an explanation in the comment section.

Company _____ Telephone _____
AREA CODE

Address _____ Supervisor _____

Employed from ____ / ____ to ____ / ____ Rate of pay-Start \$ _____ per _____ Rate of pay-Last \$ _____ per _____
MONTH/YEAR

Job title and main job responsibilities _____

Reason for leaving _____

May we contact this company for a reference? Yes No Later

Company _____ Telephone _____
AREA CODE

Address _____ Supervisor _____

Employed from ____ / ____ to ____ / ____ Rate of pay-Start \$ _____ per _____ Rate of pay-Last \$ _____ per _____
MONTH/YEAR

Job title and main job responsibilities _____

Reason for leaving _____

Company _____ Telephone _____
AREA CODE

Address _____ Supervisor _____

Employed from ____ / ____ to ____ / ____ Rate of pay-Start \$ _____ per _____ Rate of pay-Last \$ _____ per _____
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Job title and main job responsibilities _____

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Company _____ Telephone _____
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Address _____ Supervisor _____

Employed from ____ / ____ to ____ / ____ Rate of pay-Start \$ _____ per _____ Rate of pay-Last \$ _____ per _____
MONTH/YEAR

Job title and main job responsibilities _____

Reason for leaving _____

EDUCATIONAL BACKGROUND

List the school you attended in each category. Indicate the degree or diploma earned, if any, the grade point average or class rank and your major and minor field of study.

TYPE OF SCHOOL	NAME AND ADDRESS	IF YOU GRADUATED DEGREE OR DIPLOMA	GPA	MAJOR/MINOR
HIGH SCHOOL				
COLLEGE				
POST GRAD.				
BUS./TRADE				
OTHER				

MILITARY SERVICE

Complete this section if you served with the U.S. Armed Forces.

Branch of service _____ Period of active duty from _____ to _____
MONTH/YEAR MONTH/YEAR

Describe your duties and any special training _____

Have you had any schooling under the GI Bill of Rights? Yes No

If yes, are you still eligible for education benefits or currently receiving benefits? _____

REFERENCES

List name and telephone number of three business/work references who are not related to you. You may list a school or personal reference not related to you in lieu of one business reference if applicable.

NAME AND ADDRESS	RELATIONSHIP (SUPERVISOR, PEER, FRIEND, ETC.)	TELEPHONE NUMBER WITH AREA CODE	YEARS KNOWN

MEMBERSHIP INFORMATION

List membership in any professional or civic organizations (Exclude those which may disclose your race, color, religion, or national origin.)

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Person to be notified in case of accident or emergency:

Name _____ Telephone _____
FIRST LAST RELATIONSHIP AREA CODE
Address _____
NO. STREET CITY STATE ZIP

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

It is understood and agreed that any misrepresentation in this application will be sufficient cause for cancellation of this application and/or separation from the company's service if I have already been employed. Furthermore, I understand that acceptance of an offer of employment does not create a contractual obligation upon the company to continue to employ me in the future.

You are hereby authorized to investigate all references in order to secure additional job-related information about me including any investigation of any driving, financial and credit records. If a report is obtained, you must provide, at my written request, the name and address of the investigative agency so that I may obtain from them the nature and substance of the information contained in the report. In addition, I understand that for some positions, the company may request an individual skill and assessment test. I hereby release from liability the company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

This application is intended for use in evaluating my qualifications for employment. I understand that this is not an employment contract. I have answered all appropriate questions completely and accurately. **False or misleading statements during any interview and on the form are grounds for terminating the application process or if discovered after employment, terminating employment.**

After an offer of employment and prior to reporting to work, I understand that I will be required to submit to a medical review including testing for substance and drug and/or alcohol abuse. I hereby release the medical records obtained by the company's physician to the Modern Group Ltd. Personnel Department.

X _____ DATE
SIGNATURE OF APPLICANT