



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sexual orientation, national origin, age, creed, gender, marital or veteran status, disability, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Today's Date: _____

Position(s) Applying for: _____

Name _____ **Tel.** _____
Cell _____
Last **First** **(MI)** **Email** _____

Address _____
Number **Street** **City** **State** **Zip Code**

How did you hear about us? **News Paper** **Internet**
 Walk In **Other -** _____
 Referral **Who?** _____

Are you at least 18 years of age or older? **Yes** **No**

Have you filled out an application with MCESI before? **Yes** **No**
If yes, please give **Date** _____ **Location** _____

Have you ever been employed with MCESI before? **Yes** **No**
If yes, please give **Date** _____ **Location** _____

Are you currently employed? **Yes** **No**
If yes, may we contact your current employer? **Yes** **No**

Are you authorized to work in the United States? **Yes** **No**

On what date would you be available for work? _____

Are you available to work **Full Time** **Part Time**

Please indicate what hours you would be available to work

Sun	Mon	Tue	Wed	Thurs	Fri	Sat

Have you been convicted of a felony within the last 7 years? **Yes** **No**
If yes, please explain: _____



EDUCATION:

High School Graduate? Yes No GED

Name of School _____

Year of Graduation/GED Completion? _____

Vocational/Technical/ Special School

From

To

Skill/Trade License

Degree/Cert.

Comp. Date

College/University

From

To

Major Studies/Subjects

Degree/Cert.

Comp. Date

College/University

From

To

Major Studies/Subjects

Degree/Cert.

Comp. Date

Graduate/Professional

From

To

Major Studies/Subjects

Degree/Cert.

Com. Date

Honors Received: State any additional information you feel may be helpful to use in considering your application.

Please list three references that are not related to you and are not previous employers:

1) Name _____
Relationship _____

Telephone _____
Address _____

2) Name _____
Relationship _____

Telephone _____
Address _____

3) Name _____
Relationship _____

Telephone _____
Address _____



EMPLOYMENT EXPERIENCE:

Start with your present or most recent position. Include military service assignments and volunteer activities. (You may exclude organization names which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status):

EMPLOYER:		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
PHONE NUMBER:		HOURLY RATE/SALARY	
JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
WORK PERFORMED:			
REASON FOR LEAVING:			
EMPLOYER:		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
PHONE NUMBER:		HOURLY RATE/SALARY	
JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
WORK PERFORMED:			
REASON FOR LEAVING:			
EMPLOYER:		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
PHONE NUMBER:		HOURLY RATE/SALARY	
JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
WORK PERFORMED:			
REASON FOR LEAVING:			
EMPLOYER:		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
PHONE NUMBER:		HOURLY RATE/SALARY	
JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
WORK PERFORMED:			
REASON FOR LEAVING:			

If you need additional space, please continue on a separate sheet of paper.



SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment experience, or education:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for the employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer to me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY