

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

**Employment Application** 

PERSONAL					Date			
Last Name	First Middle		Home Telepho	Home Telephone				
Street Address	Cellular Telep	hone						
City, State, Zip	Business Tele	phone						
Position Desired Location D			ed		Social Security	<i>y</i> #		
Apart from absence for religious observance, are you available for full-time work?  Will you work overtime if asked?  If "No", what hours can you work? No								
Are you currently attending school?  ☐ Yes ☐ No  If "Yes", please attach school schedule.  Are you related to a current employee of MCCU? ☐ Yes ☐ No  If "Yes", please list name(s) and relationship(s):				o E-mail address	E-mail address (optional):			
Are you legally eligible for employment in the United Sta  ☐ Yes ☐ No	Have you ever applied for employment with us? ☐ Yes ☐ No If "Yes"  Month & Year: Location:			to begin work?	When will you be available to begin work?			
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  Yes No If "Yes", describe in full.						Have you ever been bonded?  ☐ Yes ☐ No If "Yes", with what employers?		
Have you ever been discharge Please note: A "Yes" answer			eing considered fo	r employment.				
Please note any Membership i origin). Also list other special						age, or national		
EDUCATION – Do not complete if previously included on resume								
School		me & n of School	Course of St	No. of Years Completed	Did You Graduate?	Degree or Diploma		
Graduate					□ Yes □ No			
College					□ Yes □ No			
Business/Trade/Technical					□ Yes □ No			
High School					□ Yes □ No			

MILITARY Did you □ Yes		Did you serve in the U.S. Armed Forces?  ☐ Yes ☐ No	If "Yes", in what branch?				
Describe any training received relevant to the position in which you are applying.							
	LOYMENT — ne is provided, please co	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.					
	Company Name		Telephone				
	Address		Employed – (State month and year) From To				
1	Name of Supervisor		Pay – please circle one Hourly Weekly Monthly Annually Start Last				
	State Job Title and Describe Y	Your Work	Reason for Leaving				
	Company Name		Telephone				
Address			Employed – (State month and year) From To				
2	Name of Supervisor		Pay – please circle one Hourly Weekly Monthly Annually Start Last				
	State Job Title and Describe Y	Your Work	Reason for Leaving				
	Company Name		Telephone				
3	Address		Employed – (State month and year) From To				
	Name of Supervisor	Pay – please circle one Hourly Weekly Monthly Annually Start Last					
	State Job Title and Describe Y	Your Work	Reason for Leaving				
	Company Name		Telephone				
	Address		Employed – (State month and year) From To				
4	Name of Supervisor		Pay – please circle one Hourly Weekly Monthly Annually Start Last				
	State Job Title and Describe Y	Your Work	Reason for Leaving				
			O NOT CONTACT				
We may contact the employers listed above unless you indicate those you do not want us to contact.		Employer Number (s)					
Please read and understand this statement before signing your application:							

The information I provided in this Application for Employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to obtain information about me from previous employers, educational institutions, and any other parties to verify the accuracy of information in this application, a related employment resume, or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose.

This application will expire in 6-months. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT. IF I ACCEPT AN OFFER OF EMPLOYMENT I UNDERSTAND THE EMPLOYER

MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO ONE, OTHER THAN AN EXECUTIVE OFFICER OF THE EMPLOYER, HAS AUTHORITY TO ENTER INTO ANY EMPLOYMENT						
AGREEMENT WITH TERMS CONTRARY TO THE FOREGOING AND THEN ONLY IN WRITING SIGNED BY SUCH OFFICER.						
I accept all terms and conditions in the above statement.						
-	Date	Signature				
		-				