



**EMPLOYMENT APPLICATION**

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, gender identity or disability as long as the applicant performs the essential job functions with or without reasonable accommodation.*

Positions Applied For:		Date of Application:	
How did you learn about us?			
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)	General	Evening	E-Mail

Are you available to work: Full-Time  Part-Time  Temporary

Are you willing to travel if the job requires it? Yes  No

What days and hours are you available? \_\_\_\_\_

Can you work overtime, if necessary? \_\_\_\_\_

If hired, on what date would you be available to start? \_\_\_\_\_

**PERSONAL INFORMATION**

Have you applied for employment with MBCP before? Yes  No

Have you been employed by MBCP before? Yes  No

If yes, when? \_\_\_\_\_

Are you employed now? Yes  No  May we contact your present employer? Yes  No

If hired and you are under 18, can you furnish a work permit? Yes  No

If hired, can you present evidence of your legal right to work in this country: Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

(Note: We comply with ADA and consider reasonable accommodation that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you able to meet the attendance requirements of the position? Yes  No

Do you have any relatives working for MBCP? Yes  No

If yes, please state name(s) and relationship(s): \_\_\_\_\_

### Education, Training & Experience

Name and Location	Years Attended	Did You Graduate?	
High School Attended			
College/University Attended		Major	Degree
College/University Attended		Major	Degree

### License, Certifications, Special Skills and Qualifications

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, national origin or ancestry): \_\_\_\_\_

List special skills, qualifications and/or certifications acquired from employment and other experience: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Employment History:**

List all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching resume.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Phone			
Reason for Leaving	Hourly Rate/Salary	Start \$	Per \$
May we contact this employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Phone			
Reason for Leaving	Hourly Rate/Salary	Start \$	Per \$
May we contact this employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>			

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Phone			
Reason for Leaving	Hourly Rate/Salary	Start \$	Per \$
May we contact this employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Phone			
Reason for Leaving	Hourly Rate/Salary	Start \$	Per \$
May we contact this employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>			

## References:

List below three persons not related to you who have knowledge of your work performances within the last three years.

Last Name	First Name	Telephone No.
Address and Street	City	State Zip
Occupation	Number of Years Acquainted	
Last Name	First Name	Telephone No.
Address and Street	City	State Zip
Occupation	Number of Years Acquainted	
Last Name	First Name	Telephone No.
Address and Street	City	State Zip
Occupation	Number of Years Acquainted	

### Please read carefully and initial each paragraph and sign below:

1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_
2. I hereby authorize MBCP to investigate my references, work history, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to MBCP information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release MBCP from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_
3. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and MBCP. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and MBCP 's designated representative. \_\_\_\_\_
4. The application for employment is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still want to be considered for employment, it will be necessary to fill out a new application. \_\_\_\_\_

Signature

Date

Checking this box constitutes a legal signature confirming that I acknowledge and agree with the statement 1.