

MCI Paint & Drywall, Inc.
APPLICATION FOR EMPLOYMENT – An Equal Opportunity Employer

PERSONAL INFORMATION

DATE: _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE NUMBER (With Prefix) home: _____ **cell:** _____

ARE YOU 18 YEARS OLD? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

HAVE YOU RECEIVED ANY DRIVING CITATIONS OR CONVICTIONS THAT WOULD PREVENT YOU FROM BEING A DRIVER? YES NO

HAVE YOU EVER RECEIVED A DUI OR DWI? YES NO

EMPLOYMENT DESIRED POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

ARE YOU EMPLOYED NOW? _____ **IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ **WHEN?** _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION	NO. OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR OTHER				

SPECIAL STUDIES OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.; Please exclude any organization which indicates race, creed, sex, age, marital status, color, or nation of origin of its members):

U.S. MILITARY OR NAVAL SERVICE _____ **RANK** _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

- PLEASE CONTINUE ON OTHER SIDE -

FORMER EMPLOYERS (List Below Last Three Employers, Starting with Most Recent One First)

DATES – FROM AND TO	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

WHICH OF THESE JOBS DID YOU LIKE THE BEST AND WHY?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	CITY	RELATIONSHIP/BUSINESS	YEARS ACQUAINTED

EMERGENCY INFORMATION

IN CASE OF EMERGENCY NOTIFY

Name Address Phone

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLCIATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISINTERPRETATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OT WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR MY COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CAHNGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FIR ANY SPECIFIC PERIOD OF TIME, OR TO MAY ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

NEATNESS:

ABILITY:

HIRED: ? YES NO POSITION: _____

SALARY/WAGE _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____

President Vice-President Business Manager

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.