

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



**NOTICE TO APPLICANTS:** Please be aware that all applicants for employment who receive job offers will be required to submit to urinalysis for the purpose of detecting the presence of controlled substances. Prospective employees tested will be required to sign a Consent/Release prior to testing. The job offer will be contingent upon the prospective employee signing the Consent form, as well as the results of the test.

Our company is an equal employment opportunity employer and will not discriminate on the basis of any characteristic protected by law.

## PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Position desired? \_\_\_\_\_ When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? **YES** [ ] **NO** [ ] (Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18 years? **YES** [ ] **NO** [ ] (If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor? **YES** [ ] **NO** [ ] (A conviction will not necessarily result in the denial of employment.)

Have you ever worked for MPS or an MPS owned company before? **YES** [ ] **NO** [ ] If yes, where? \_\_\_\_\_

When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for MPS or an MPS owned company? **YES** [ ] **NO** [ ] If yes, who and where do they work? \_\_\_\_\_

Have you signed an agreement not to compete with a past employer? \_\_\_\_ yes \_\_\_\_ no

If yes, with what company \_\_\_\_\_

Can you provide a copy of the non-compete agreement? \_\_\_\_ yes \_\_\_\_ no

Have you signed any other type of employment agreement with a past employer? \_\_\_\_ yes \_\_\_\_ no

If yes, what type \_\_\_\_\_

Can you provide a copy of the employment agreement? \_\_\_\_ yes \_\_\_\_ no

How did you learn of this opening? \_\_\_\_\_

Are you available to work: **DAYS** [ ] **NIGHTS** [ ] **WEEKENDS** [ ] **FULL TIME** [ ]

If you cannot work full time, please explain: \_\_\_\_\_

Are you presently employed? **YES** [ ] **NO** [ ] If yes, may we contact your employer? **YES** [ ] **NO** [ ] If presently employed, why are you considering leaving?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

**High School:** No. of Yrs Completed (circle one) 1 2 3 4 Diploma: \_\_ Yes \_\_ No G.E.D.: \_\_ Yes \_\_ No  
School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of Years Completed (circle one) 1 2 3 4  
School(s) \_\_\_\_\_ City/State \_\_\_\_\_  
Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**  
School(s) \_\_\_\_\_ City/State \_\_\_\_\_  
Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**SKILLS:** *Mark programs with which you are proficient:*

Office: Excel\_\_ Powerpoint\_\_ Access\_\_ Word\_\_ Other \_\_\_\_\_

Typing \_\_\_\_ wpm Other Software Skills \_\_\_\_\_

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

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**EMPLOYMENT** *Start with your present or most recent position*

1. Name of Employer \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Full Address (Including Street, City, State & Zip) \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

From Month/Day/Year \_\_\_\_\_ To Month/Day/Year \_\_\_\_\_ Rate of Pay Beginning \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_

Describe the Work Performed:

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Reason for Leaving:

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2. Name of Employer \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Full Address (Including Street, City, State & Zip) \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

From Month/Day/Year \_\_\_\_\_ To Month/Day/Year \_\_\_\_\_ Rate of Pay Beginning \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_

Describe the Work Performed:

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Reason for Leaving:

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3. Name of Employer \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Full Address (Including Street, City, State & Zip) \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

From Month/Day/Year \_\_\_\_\_ To Month/Day/Year \_\_\_\_\_ Rate of Pay Beginning \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_

Describe the Work Performed:

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Reason for Leaving:

\_\_\_\_\_

Use and additional sheet of paper if more space is necessary.

Have you ever been discharged or asked to resign from a job? YES [ ] NO [ ] If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES** (Must be former supervisors or managers)

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Company \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Company \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Company \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**NOTIFICATION AND AGREEMENT**

*PLEASE READ BEFORE SIGNING*

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

I authorize my former employers, references and education institutions to provide any information and opinions about me which may lawfully be disclosed. I hereby waive written notice of the release of such information and opinions, including the release of information concerning disciplinary matters, and I release such former employers, references and educational institutions from any liability or claim relating to such lawful release of information and opinions. I also authorize federal, state, and local governmental agencies to release any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and release will be valid as an original.

I understand and agree that my employment will be at will and may be terminated by me or the Company at any time for any cause or no cause. I understand and agree that no one employed by the Company (except the Company's Chief Executive Officer by a specific written contract for a specific term of years naming the employee and signed by the employee and Chief Executive Officer) has any authority to limit in any way the Company's right to terminate employment at will, or to offer employment other than on an at-will-basis. I understand and agree to the Company's policy that the Company's decisions on all employment related matters are final, and are not subject to review or appeal outside the Company except as required by laws providing or requiring employers to provide specific employment standards and rights.

***I agree that I will not commence any action or suit relating to my employment with the Company (or termination of the employment) more than 180 days after the employment action at issue, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving the right, and that any claims not brought within 180 days of the action complained of will be barred.***

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

This application for employment is good for 30 days only. Consideration for employment after (30 days) requires a new application.