JOB APPLICATION

Name: _____ **Date:** _____
First   M.I.   Last

Address: _____
Street   City   State   Zip

Contact: (_____) _____ - _____   (_____) _____ - _____
Home Phone   Mobile Phone

Referred By: _____

Position Desired: _____

Pay Desired: _____ Hourly ☐ Salary ☐   **Currently Employed?** _____

Previous Employment

Company: _____ **Job Title:** _____ **Phone:** _____

Job Duties: _____

Address: _____ **Dates of Employment:** _____

Company: _____ **Job Title:** _____ **Phone:** _____

Job Duties: _____

Address: _____ **Dates of Employment:** _____

Company: _____ **Job Title:** _____ **Phone:** _____

Job Duties: _____

Address: _____ **Dates of Employment:** _____

Education

High Shool _____
Name   Highest Completed Grade   City   State

College _____
Name   Highest Completed Grade   City   State

Additional Training or Certificates: _____

_____

Adknowledgement

I hereby authorize MLC to verify all theinformation I have provided, to obtain and disclose all personal informationor all information regarding my person, and to perform all otherinquiries relevant to determining my suitability of employment. This verification may be performed by phone or in wiriting, notably but not exclusively, before personal information agens, former employers, associations, current employers, public agencies, or any other sourse provided as a reference. I also authorize MLC to verify my criminal record, as needed.

I certify that the information provided during my interview, and in the form is true and complete to the best of my knowledge. I understand and agree that any omission and false or misleading statement may result in the rejection of my application or, if appointed, my dismissal.

Signature	*Date*

References

Name:	Occupation:	Phone:
Name:	Occupation:	Phone:
Name:	Occupation:	Phone:

Background

Have you ever been charged, arrested and/or convicted of a crime?

Yes ☐ No ☐

If you answered Yes, List all charges, arrests and/or convictions and the outcome, regardless of how long ago.

Date:	Charge, Arrest Or Conviction:	Outcome:	City:	County:	State:

Driver's License #:   State Of Issue:

Do you Hold License?   Yes ☐   No ☐   Do you have a CDL?   Yes ☐   No ☐