

# Midwest Mechanical Employment Application



MMC Corp is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status or any other classification protected by Federal, state or local law.

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Last First Middle

Present Address: \_\_\_\_\_  
 Street City State Zip

Permanent Address: \_\_\_\_\_  
 Street City State Zip

Phone No.: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No  
 Have you been convicted of a felony in the last seven years?  Yes  No

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_  
 Are you employed now?  Yes  No If so, may we inquire of your present employer?  Yes  No  
 Have you ever applied to this company before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION

Name/Location of School	Circle last year completed	Did you graduate?	Subjects Studied/ Degree(s) Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College/Vocational School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Training/Qualification  
 List all vehicles or construction equipment you are qualified to operate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all Training Programs, Apprenticeship Programs, Vocation or Military School relating to construction work that you have attended:  

Program	Location	Dates Attended

Subjects of special study or research: \_\_\_\_\_

\*An affirmative response will not necessarily preclude you from employment

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U.S. Military Service	Dates of Service	Area(s) of Expertise	Highest Rank Attained

**FORMER EMPLOYERS** List your last three employers, starting with the most recent. Fill in all blanks.

Date, Month and Year	Employer Name, Address and Phone	Salary	Position	Reason for Leaving
From:		\$		
To:				
From:		\$		
To:				
From:		\$		
To:				

**PROFESSIONAL REFERENCES** List three persons, not related, whom you have known at least one year.

Name	Company	Phone	Years Acquainted
1.			
2.			
3.			

In case of emergency notify: \_\_\_\_\_  

Name	Daytime Phone	Mobile Phone

I understand and agree that I may be required to undergo a background check and/or post-offer drug screen as a condition of hiring and/or continued employment. I agree to consent to these at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the use of such screens or checks.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

\_\_\_\_\_  
Date Signature

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Voluntary Survey Completed:  Yes  No *If no, please explain:* \_\_\_\_\_

Hired:  Yes  No *If No, Disposition Code (A thru Z):* \_\_\_\_\_ EEO Code (1 thru 9): \_\_\_\_\_ Job Group: \_\_\_\_\_

Salary/Wage: \$ \_\_\_\_\_ Position: \_\_\_\_\_ Dept.: \_\_\_\_\_ Date reporting to work? \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_