

PRE-EMPLOYMENT APPLICATION

MDM is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL: Date _____/_____/_____

Name _____ Home Phone _____
LAST FIRST MIDDLE AC

Present Address _____
NO. STREET CITY STATE ZIP

Social Security No. _____ Are you over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S. Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including driving under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

If no, please explain _____

Would you be willing and able to relocate? Yes No

Drivers License: State _____ Type _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking full-time part-time temporary or summer employment

Position applied for _____ Salary Desired _____

Date Available to start _____

Have you ever applied to **MDM** before? Yes No

Have you ever worked for **MDM** before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of **MDM** and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes please specify those days or hours you would be unable or unwilling to work _____

Name, Address and Location	Dates	Graduate?	Courses Studied
High School	X	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Trade School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY / RELIABILITY:

Would you be willing to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you ever filed any type of fraudulent claims against any of your present or past employers Yes No

If yes, please explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

List names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. ____ Yr. ____	To: Mo. ____ Yr. ____	Start: \$ ____ End: \$ ____
Telephone Area Code ()	Nature of Business				
Title		Reason for Leaving			
Duties					
Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. ____ Yr. ____	To: Mo. ____ Yr. ____	Start: \$ ____ End: \$ ____
Telephone Area Code ()	Nature of Business				
Title		Reason for Leaving			
Duties					
Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. ____ Yr. ____	To: Mo. ____ Yr. ____	Start: \$ ____ End: \$ ____
Telephone Area Code ()	Nature of Business				
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Duties					
Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. ____ Yr. ____	To: Mo. ____ Yr. ____	Start: \$ ____ End: \$ ____
Telephone Area Code ()	Nature of Business				
Title		Reason for Leaving			
Duties					

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any previous positions under another name, please give that name(s) below: (For reference checking purposes)

Name _____ @ Company _____ Name _____ @ Company _____

Are you presently employed Yes No

If yes my we contact your present employer? Yes No

Have you ever been fired, or asked to resign, from a job? ____ If yes, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If yes, please _____

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Have you had any computer or word processing experience or training?

If yes, please describe _____

What languages do you speak fluently? _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequences omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interview may be grounds for my immediate discharge.

I hereby authorize **MDM** to contact any company it deems appropriate to investigate my employment history, character, and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company, I understand that the taking of drug and alcohol tests, when given pursuant to the company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in **MDM** is authorized to enter into any written or verbal contracts with me for any definite period of time without the express written consent of the President of **MDM** I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____/____/____

COMPANY USE ONLY

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement? Yes No

If yes to above, has a request for a driver's record been made? Yes No