

_____ Full-Time Requested
_____ Part-Time Requested

Affirmative Action Survey

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or affectional preference.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey.

Providing this information is voluntary and refusal to provide information will not have negative effect on your status as an applicant.

Please Print _____ Date Applied _____

Name _____ Phone (_____) _____
Last First Middle

Address _____
Number Street City State Zip

Position(s) applied for _____

Referral Source:

___ Employment Agency Referral ___ Job Service ___ Walk In
___ Employee Referral ___ Newspaper Ad ___ Rehire
___ Community Agency Referral ___ College Relations ___ Other _____

Check one ___ Male ___ Female

Check the following race/ethnic group

___ White ___ Black ___ Hispanic
___ American Indian/Alaskan Native ___ Asian/Pacific Islander

Check if any of the following are applicable

___ Vietnam Era Veteran ___ Disabled Veteran
___ Handicapped Individual



EMPLOYMENT APPLICATION FORM

Date of Application: _____

Full Time

Part Time

Position Applied For: _____

Referral Source: If referred by an MBW employee list their name: _____

Advertisement Friend Relative Walk-in Employment Agency

Name: _____ Social Security # _____ - _____ - _____

Address (St. /Apt#): _____ City: _____

State: _____ Zip: _____ Phone :(____) _____ D.O.B. _____

Are you 16 years of age or older? Yes No E-mail address (optional) _____

MBW may send me work-related information at my e-mail address Yes No

Person I wish to have contacted in case of an emergency: _____ Phone: _____

<u>EDUCATION:</u>	<u>Year Completed</u>	<u>School Name</u>	<u>Location</u>
High School	9 10 11 12	_____	_____
Anticipated high school graduation date:		_____	
College	1 2 3 4	_____	_____
Anticipated college graduation date:		_____	

Areas of Study and/or Degrees or Certificates Earned:

Specialized Training: (If possible, please provide evidence of any certifications, etc.)

- CPR Certified (Recert. Due Date : _____) First Aid Training
- Certified in Medication Administration Class B Driver's License
- Certified Water Safety Instructor Other: (list)

Are you employed now? Yes No May we contact your current employer? Yes No

Are you prevented from becoming employed in this country because of Visa or Immigration Status?
 Yes No

Are you on a lay-off and subject to recall? Yes No

Have you ever been convicted of, pled guilty to, or pled no contest to a felony? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY -- Begin with the most recent

Employer _____ **Address** _____

Supervisor _____ **Phone** (____) _____ - _____ **Your Position** _____
 (Dates)

From _____ **to** _____ **Reason for leaving** _____ **Beg.Rate** _____ **End Rate** _____

Employer _____ **Address** _____

Supervisor _____ **Phone** (____) _____ - _____ **Your Position** _____
 (Dates)

From _____ **to** _____ **Reason for leaving** _____ **Beg.Rate** _____ **End Rate** _____

Employer _____ **Address** _____

Supervisor _____ **Phone** (____) _____ - _____ **Your Position** _____
 (Dates)

From _____ **to** _____ **Reason for leaving** _____ **Beg.Rate** _____ **End Rate** _____

 Have you ever been discharged or asked to resign by any employer? ___Yes ___No
 If yes, please identify the employer(s), date(s) of termination and reason(s) for termination.

List any other pertinent experience -- briefly describe: _____

SERVICE RECORD:

Branch of U.S. Military Service: _____ Type of Discharge: _____
 Discharge date: _____ National Guard: _____ Date obligation ends: _____

BUSINESS REFERENCES THAT ARE NOT RELATED TO YOU:

Name	Time Known	Relationship	Type of Work	Phone

Acknowledgement of Employer's Right and Need for On-line MVR Application.

The employee understands the employer must comply with insurance requirements as they pertain to employee driving employer's vehicles on the job. By signing below, the employee acknowledges and agrees that employer is entitled to receive/send proof of employee license(s) and/or motor vehicle reports/records to comply with insurance requirements. Employer will exercise best efforts to limit the use of records as herein specified. The form authorizes employer to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

Do you currently have a driver's license? ____ Yes ____ No

Full Name _____

Date of Birth _____

Drivers License Number _____

State Drivers License Issued _____

To Applicant: Federal and State Law, as well as the policies and procedures of this company, prohibit discrimination based upon race, creed, color, religion, national origin, citizenship, sex, age, marital status, sexual preference, disability, and use of lawful substances, among others.

I certify that answers given herein are true and complete.

I authorize MBW Company to conduct an investigation of my application.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should contact the human resource department to request their application is held for an additional 6 months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to follow all the rules and regulations of the employer.

By signing this application I agree to the terms and conditions listed above.

Applicant's Signature _____