

MCWIC APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, citizenship status, ancestry, age, marital status, veteran status, physical or mental disability, pregnancy, medical condition, sexual orientation, sex stereotyping, transgender status, gender identity, gender expression or any other legally protected status. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

(Please Print)

Position(s) applied for: _____

Date of Application: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

E-mail Address _____ Nickname _____

Telephone Number(s) _____

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for full periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving	
	From Month/Year	To Month/Year				
			May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving	
	From Month/Year	To Month/Year				
			May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving	
	From Month/Year	To Month/Year				
			May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever been involuntarily terminated or asked to resign from any job?

Yes or No

If yes, please explain:

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment:

EDUCATION

Please describe your educational background in the table provided below.

School Name	Years Completed 1 2 3 4	Diploma/Degree Yes or No	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:				
College/University:				
Graduate/Professional:				
Trade or Correspondence:				
Other:				

BUSINESS/PROFESSIONAL REFERENCES

Please list three professional references of individuals who are not related to you.

Name & Title	Business Relationship	Telephone Number or Email

GENERAL INFORMATION

1. Have you ever worked for this company before? Yes or No
If yes, please give dates and position: _____
2. Do you have friends and/or relatives working for this company? Yes or No
If yes, name(s) and relationship(s): _____
3. On what date are you available to begin work? _____
4. Days/Hours available to work: _____

5. Are you available to work: Full-time Part-time Shift Work Temporary

6. Minimum salary required? Yes or No \$ _____ Per Hour \$ _____ Per Month

7. Do you have a valid CA driver's license? Yes or No

8. Can you travel if the position requires it? Yes or No

9. Can you relocate if the position requires it? Yes or No

10. Are you at least 18 years old? Yes or No

Note: if under 18, hire is subject to verification that you are of minimum legal age

11. If hired, can you present evidence of your identity and legal right to live and work in this country? Yes or No

12. Are you able to perform the essential job functions for the job for which you are applying with or without reasonable accommodations? Yes or No

Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment.

In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is committed to continuing the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by oral statements or in any other way, but can only be altered by written amendment signed by the Owner/President of this Company. I also understand that the Company and its client are co-employers and that, if hired, I will be co-employed by both companies and the companies shall share employment responsibilities.

I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I also recognize that an effective safety program extends beyond normal working hours. Safety should be promoted within the family and in off-the-job activities. I understand and agree to adhere to safety practices while performing my job.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an 1-9 Form in this regard.

I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Signature: _____

Date: _____

Printed Name: _____

City/State: _____