

EMPLOYMENT APPLICATION

All prospective employees must pass a pre-employment Drug Test

Email back to general@mmercnc.com

PERSONAL INFORMATION

NAME (LAST, FIRST AND MIDDLE INITIAL)		TODAY'S DATE	
CURRENT ADDRESS (INCLUDING CITY, STATE AND ZIP CODE)		SOCIAL SECURITY NUMBER	
PERMANENT ADDRESS IF DIFFERENT (INCLUDING CITY, STATE AND ZIP CODE)		AREA CODE AND PHONE NUMBER ()	
Are you 18 Years of Age or Older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own your own reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have applied at Metro Machinery Rebuilders in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING	SALARY DESIRED <i>(APPLICATIONS WITHOUT AN AMOUNT FILLED IN ARE NOT ACCEPTED)</i>
DATE YOU CAN START	REFERRED BY (IF APPLICABLE)

FORMER EMPLOYERS *List three employers starting with the most recent. List any Military Service in next section.*

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER Include Telephone Number if known	SALARY	POSITION	REASON FOR LEAVING
FROM	①	STARTING		
TO		ENDING		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
FROM	②	STARTING		
TO		ENDING		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
FROM	③	STARTING		
TO		ENDING		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHICH ONE JOB ABOVE DID YOU LIKE BEST? <input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③	WHAT DID YOU LIKE MOST ABOUT THIS JOB?			

U.S. MILITARY SERVICE *If applicable*

BRANCH	FROM	TO	Are you presently a member of the National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence or Tech School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL SKILLS
CIVIC OR ATHLETIC ACTIVITIES ETC. OMIT THOSE THAT INDICATE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, NATIONAL ORIGIN OR SEXUAL ORIENTATION.

REFERENCES *Give the names, addresses, and phone numbers of three persons not related to you that you have known for at least one year.*

	NAME, ADDRESS, AND PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
①			
②			
③			

APPLICANT CERTIFICATION

<p>I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.</p> <p>In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my option or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.</p>	
SIGNATURE X	DATE

Thank you for applying at **METRO** Machinery Rebuilders!