

APPLICATION FOR EMPLOYMENT

Personal Information

Date:	Social Security Number:
Name:	Phone:
Address:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip:	

Desired Employment

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Week Ends	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
Position:	Present Employment:					
Desired Salary:	May we contact your present employer?					
Date you can start:	Supervisor:					

Education

School Level	Name and Location of School	Years Attended*	Date Graduated*	Subjects Studied
High School				
Trade				
College				

* The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than age 70

Former Employers

(Month and Year)	Name and Location of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Voluntary Disclosure

MBF is an equal opportunity employer. Employment opportunities are open to qualified applicants without regard to race, sex, age, religion, national origin or ancestry, disability or veteran status. Reasonable accommodations are made to qualified disabled individuals. Pursuant to federal regulations, MBF is required to maintain certain information for record keeping and reporting purposes. Your response is voluntary and will be kept confidential. Your refusal to answer will not affect or harm your employment opportunities. Any information given will be used only in accordance with applicable equal employment laws and regulations.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	_____	
Race:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan
Military Status:	<input type="checkbox"/> Veteran	<input type="checkbox"/> Non Veteran			

I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be grounds for dismissal. I authorize the references above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability that may result from furnishing the same to you. These policies do not create any promises or contractual obligations between this company and its employees. My employment is at will, which means I am free to terminate my employment at any time, for any reason, with or without cause, and the company has the same right.

Date _____ Signature _____ Printed Name _____