

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department.*

Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street/Apt. City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Have you ever been employed here before?  Yes  No

Are you legally authorized to work in this country?  Yes  No

Date available for work \_\_\_\_\_  Yes  No

Type of employment desired  Full-Time  Part-Time  Temporary

Are you able to meet the attendance requirements of the position?  Yes  No

Have you been convicted of a crime in the last (7) years?  Yes  No

*Such conviction may be relevant if job-related, but does not bar you from employment.*

If yes, please explain \_\_\_\_\_

Driver's license number (Only if job applied for requires use of automobile in daily tasks)

\_\_\_\_\_ State \_\_\_\_\_

## Previous Employment

Please list your last four employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
Job Title		Address	City, State Zip Code
Immediate Supervisor And Title		Brief summary of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	City, State Zip Code
Immediate Supervisor And Title		Brief summary of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	City, State Zip Code
Immediate Supervisor And Title		Brief summary of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____	

From	To	Employer	Telephone	
Job Title	Address		City, State	Zip Code
Immediate Supervisor And Title	Brief summary of work performed and job responsibilities			
Reason for leaving	Hourly rate/salary Starting \$ _____ per _____ Ending \$ _____ per _____			

### Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform functions for the position that you are applying.

### Educational Background (If job related)

Name & Location	Years Completed	Did You Graduate?	Course of Study
High School			
College		Major/Degree	
Other (i.e. Trade School)			

### References

Name	Telephone	Years Known

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from MYCO, if I have been employed.

I give MYCO and its client company the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability MYCO and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

MYCO is an Equal Opportunity Employer. MYCO does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

MYCO is a "Drug-Free Workplace and it is understood that all offers of employment are conditional. MYCO requires all eligible applicants of participating client companies to participate in a pre-employment drug-testing program. An application will not be processed further unless the eligible applicant agrees to participate in the test. Failure to complete, sign and date the Consent and Release Form will disqualify me from any consideration for employment.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that MYCO is an "Employer-At-Will" and that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of MYCO has the authority to make any assurance to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_