



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date: \_\_\_\_\_

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

To assist us to check records and to verify prior employment and education, please indicate whether you were employed or enrolled in a school under a name other than used on this application:

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

### Present Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

### Employment Desired

Position: \_\_\_\_\_ Date available to start: \_\_\_\_\_

What Pay do you Expect? \_\_\_\_\_ If you are currently employed, may we contact your current employer?  Yes  No

Are You Available to Work:  Full-time  Part-Time  On-Call  Temporary

Have You previously worked for MMC?  Yes  No If so, When? \_\_\_\_\_

Are you related to or have a close relationship to a current MMC employee?  Yes  No

If yes, whom? \_\_\_\_\_

Do you have a valid California Driver's License?  Yes  No Number \_\_\_\_\_ Expires: \_\_\_\_\_

If you are under age 18, can you provide a work permit if offered a job?  Yes  No

If you are not a U.S. citizen, do you have the right to work in the U.S.?  Yes  No

Referred to MMC by: \_\_\_\_\_

**Have you ever been convicted of a felony or serious misdemeanor?**  No

Yes

(Please exclude convictions that have been sealed, expunged, or legally eradicated; any misdemeanor conviction for which probation has been completed and the case judicially dismissed; or any misdemeanor marijuana conviction two or more years old. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please identify the charge, the court, the date of the conviction, and the disposition of the case:

\_\_\_\_\_

Please provide the names, address, and telephone numbers of at least two references who are not related to you preferably including one or more former employers:

Name	Address	Telephone	Years Known	Relationship
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND SKILLS**

**Education**

	High School	Trade, Business or Correspondence School	Undergraduate College/ University	Graduate Professional
School Name & Location				
No. of Years Completed				
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills or extra-curricular activities that is relevant to the job for which you are applying.	
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Please authorize verification of records here _____	_____
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**Signature**

**Date**

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

## FORMER/PRESENT EMPLOYERS

May we contact your former employers?  Yes  No Signature \_\_\_\_\_

**Start with your present or last job. Include any job-related military service assignments and volunteer activities.**

Employer's Name:		Position Title:	
Date From:	Date To:	Salary	
Direct Supervisor:		Phone Number:	
Reason for Leaving			
Work Performed:			

Employer's Name:		Position Title:	
Date From:	Date To:	Salary	
Direct Supervisor:		Phone Number:	
Reason for Leaving			
Worked Performed			

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Reason for Leaving			
Work Performed:			

Employer's Name:		Position Title:	
Date From:	Date To:	Salary	
Direct Supervisor:		Phone Number:	
Reason for Leaving			
Worked Performed			

Have you ever been involuntarily terminated or asked to resign from a job?  No  Yes, explain reason:

\_\_\_\_\_

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

\_\_\_\_\_

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

\_\_\_\_\_

Are you a veteran of the United States military service?  No  Yes

If Yes, Please state branch of service:

\_\_\_\_\_

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which include race, color, religion, national origin, ancestry, sex, age or the existence of a disability):

\_\_\_\_\_

Are you able to perform the duties of the position for which you are applying (see job description), including regular attendance, with or without a reasonable accommodation? (If you need an explanation for the meaning of "reasonable accommodation," please contact the MMC Human Resource Department.)  Yes  No

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Marjaree Mason Center (MMC) unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide MMC any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to MMC as well as from any use or disclosure of such information by MMC or any of its agents, employees, or representatives. I understand that any misrepresentation-representation, falsification, or material omission of information on this application or supporting material may result in my failure to receive an offer or, if I am hired, my immediate termination from employment.

In consideration of my employment, I agree to conform to the rules and standards of MMC. I further agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of MMC. I understand that no employee or representative of MMC, other than its Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Executive Director of MMC may not alter the at-will nature of the employment relationship unless both the Executive Director and I sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof my identity and legal authority to work in the United States, satisfactory completion of a post-offer drug screen, Department of Justice background check, tuberculosis test and/or medical examination, my ability to obtain and keep any required licenses and/or certifications, and if necessary approval by MMC's insurance carrier provide coverage essential to protect their liability.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_