



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name		First Name		Middle Initial		Date of Application			
Present Address	No.	Street	City	State	Zip	Home Phone No.	Mobile Phone No.		
Email Address:									
Permanent Address, if different from present address:									
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No									
How were you referred to us?									
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employee		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Walk-in/unsolicited email		<input type="checkbox"/> Other	
List any relatives or friends employed by the Company:				Relationship: _____					

EMPLOYMENT

Position Desired:		Salary Desired:			
Check appropriate box for type of employment:					
<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time		<input type="checkbox"/> Temporary	
What days and hours are you available for work?					
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		When are you available to begin work?			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed: _____

From time to time, the company may obtain information about you from public records. If you wish to waive your right to receive a copy of any public record obtained, check the following box: []

SKILLS

Operate Personal Computer? Yes* No *Types of Software: _____

List other office machines you can operate: _____

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

List manufacturing machines you operate (if applicable): _____

List Inspection/Machinist tools you can use (if applicable): _____

Describe your mechanical background that may be related to the job desired (if applicable): _____

EDUCATION

Type of School	Name and Location of School	No. of Years Completed	Graduated?		Degree(s) or Diploma(s)	Major Field(s) of Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						



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EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, explain:

Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties:	
Telephone No.		
Supervisor	1. _____ 2. _____ 3. _____	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on this job?	



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POSITIONS HELD (CONT.)

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties:	
Telephone No.	1. _____	
Supervisor	2. _____	
	3. _____	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties:	
Telephone No.	1. _____	
Supervisor	2. _____	
	3. _____	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on this job?	



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MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If yes, please describe:

BUSINESS REFERENCES

Name

Business Relationship

Phone No.

Name

Business Relationship

Phone No.

APPLICANT'S STATEMENT

(Initial each numbered item as read)

- ____ 1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by MHX (the Company) or its agents.
- ____ 2. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- ____ 3. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- ____ 4. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment

APPLICANT'S STATEMENT (CONT.)



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based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

- ____ 5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- ____ 6. I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
- ____ 7. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.
- ____ 8. I understand and agree that if I am offered a position, I will be required to agree to an arbitration agreement as a condition of employment. This arbitration agreement will require me to give up my right to a courtroom trial by a jury. I instead will be required to submit any employment-related dispute I may have to an arbitrator.
- ____ 9. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing eight (8) statements.

Date: _____

Signature of Applicant

Print Name