

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION				
NAME			DATE:	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET	CITY	STATE	ZIP	
PERMANENT ADDRESS				
STREET	CITY	STATE	ZIP	
PHONE NUMBER		EMAIL		
ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARITAL STATUS M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMPLOYMENT DESIRED				
POSITION		DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?	
REFERRED BY				
EDUCATION				
	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK				
SPECIAL SKILLS				
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)				
<small>EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.</small>				
U.S. MILITARY OR NAVAL SERVICE		RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

PREVIOUS EMPLOYMENT (LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITON	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.

TO BE CONSIDERED FOR EMPLOYMENT WITH UNITED MECHANICAL PLEASE READ THE FOLLOWING STATEMENT. IF YOU AGREE, PLEASE SIGN AND DATE WHERE INDICATED.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED 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.

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 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 AN OFFICER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY AN OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT WITH UNITED MECHANICAL FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE _____
 PRINT NAME _____
 DATE _____



DISCLOSURE STATEMENT

AS PART OF OUR EMPLOYMENT PROCESS, WE MAY OBTAIN WHERE PERMITTED, ONE OR MORE CONSUMER OR INVESTIGATIVE REPORTS ABOUT YOU FROM A CONSUMER REPORTING AGENCY. THIS INFORMATION MAY INCLUDE CRIMINAL RECORDS, CREDIT HISTORY, EMPLOYMENT VERIFICATION, ACADEMIC CREDENTIALS, INVESTIGATIVE REPORTS, DRIVING RECORD, AND SOCIAL SECURITY NUMBER VERIFICATION.

UNDER FCRA, BEFORE WE TAKE ANY ADVERSE ACTION ON THE BASIS, IN A WHOLE OR IN PART, OF INFORMATION IN A CONSUMER REPORT, YOU WILL BE PROVIDED A COPY OF THAT REPORT, THE NAME, ADDRESS AND PHONE NUMBER OF THE CONSUMER REPORTING AGENCY AND A SUMMARY OF YOUR RIGHTS UNDER THE FCRA.

AUTHORIZATION TO OBTAIN INFORMATION

I HAVE READ AND UNDERSTOOD THE PROCEEDING DISCLOSURE STATEMENT. I HEREBY AUTHORIZE UNITED MECHANICAL TO OBTAIN ANY AND ALL BACKGROUND INFORMATION RELATED TO MY EMPLOYMENT INCLUDING CRIMINAL RECORDS, CREDIT HISTORY, EMPLOYMENT VERIFICATION, ACADEMIC CREDENTIALS, INVESTIGATIVE REPORTS, DRIVING RECORD, AND SOCIAL SECURITY NUMBER VERIFICATION.

I UNDERSTAND THAT THE INFORMATION PROVIDED IN THE CONSUMER REPORTS MAY ASSIST MY EMPLOYER OR PROSPECTIVE EMPLOYER TO MAKE A DETERMINATION REGARDING MY SUITABILITY AS AN EMPLOYEE.

I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, WORK ETHIC, GENERAL REPUTATION AND PERSONAL CHARACTERISTICS THAT MAY BE OBTAINED BY INTERVIEWS WITH INDIVIDUALS WHO MAY HAVE KNOWLEDGE OF SUCH INFORMATION.

I AGREE THAT A COPY OF THIS AUTHORIZATION HAS THE SAME EFFECT AS AN ORIGINAL. THIS AUTHORIZATION SHALL REMAIN IN EFFECT OVER THE COURSE OF MY EMPLOYMENT AND REPORTS MAY BE ORDERED PERIODICALLY DURING THAT TIME.

I FURTHER UNDERSTAND THAT IN THE EVENT OF ADVERSE ACTION, I WILL RECEIVE A COPY OF ANY CONSUMER REPORT FROM THE CONSUMER REPORTING AGENCY THAT COMPILED THE REPORT, ALONG WITH A SUMMARY OF MY RIGHTS UNDER FCRA.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____



INFORMATION RELEASE FORM

PRINT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NO: _____

STATE: _____