

### **APPLICATION FOR EMPLOYMENT**

Please provide all information requested. Your complete application will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

#### **APPLICANT INFORMATION**

Last N	lame:	First:	Middle:
Date o	of Application:		
Street	Address:		
	City:	State:	Zip Code:
Type(s	s) of Work Desired: _		
Home	Telephone:		
Work	telephone:		
Email	Address:		
Are yo	ou eligible to work in t	ne United States of America? (Circle one)	YES NO
How V	Vere You Referred To	Us? (Circle only one.)	
A)	By an Employee; Nar	ne of Employee:	
B)	Advertisement:		
C)	Employment Agency; Name of Agency:		
D)	By Your College; Name of College:		
E)	Open house		
F)	Walk-in		
G)	Other:		

#### **EQUAL OPPORTUNITY EMPLOYER**

We are an equal opportunity employer. As such, we do not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

### **EMPLOYMENT HISTORY**

Starting with the present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume but complete this application as well.

1. Present or Most Recent Company:				
Type of Business:	Type or Class	Type or Classification of Job:		
Street Address:				
City:	State:	Zip Code:		
Phone number:				
Brief Description of Job Duties:				
Supervisor's Name:	Phone	e number:		
Base salary:	Dates worked: From to			
Reason for leaving:				
2. Company:				
Type of Business:		ification of Job:		
Street Address:				
City:	State:	Zip Code:		
Phone number:				
Brief Description of Job Duties:				
Supervisor's Name:	Phone	e number:		
Base salary:	Dates worke	d: From	to	
Reason for leaving:				

# **EDUCATIONAL HISTORY**

High School - Name:			
Location (city, state):			
Major Course or Subject:			
Dates Attended: From	to	Graduated: Yes □	No □
Degree:			
Technical/Trade (after high scho	ool) - Name:		
Location (city, state):			
Major Course or Subject:			
Dates Attended: From Degree:			No □
College (list all attended)			
1) School Name:			
Location (city, state):			
Major Course or Subject:			
Dates Attended: From	to	Graduated: Yes □	No □
Degree:			
2) School Name:			
Location (city, state):			
Major Course or Subject:			
Dates Attended: From	to	Graduated: Yes □	No □
Degree:			
Other education/training			
School Name:			
Location (city, state):			
Major Course or Subject:			
Dates Attended: From	to	Graduated: Yes □	No □
Degree:			

# **OUTSIDE ACTIVITIES**

Please list professional memberships, certificates, or licenses held.
Please list past and present Civic or Cultural Activities (include offices held, if applicable).
GENERAL SKILLS
Typing: Words per Minute:;   Unknown
Dictation: Words per Minute:; □ Unknown
COMPUTER SKILLS
Hardware:
Software:
Joitware
Please list Other Skills and/or Equipment/Language Experience You Have Acquired:
MILITARY RECORD
Branch of Service:
Dates: From to
Present Military Affiliation: None Reserve (active) Reserve (inactive)
Kinds of Training and Duty While in Military Service:

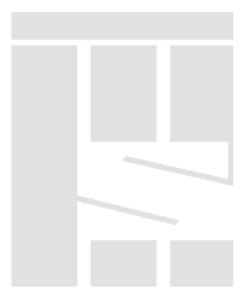
# PROFESSIONAL/WORK REFERENCES

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name:			
Title/Relationship:			
Street Address:			
City:			
Phone number:			
Occupation:			
Name:			
Title/Relationship:			
Street Address:			
City:			
Phone number:			
Occupation:			
Name:			
Title/Relationship:			
Street Address:			
City:			
Phone number:			
Occupation:			
May We Contact Your Present Employer? Yes	s □ No □		
Wage/Salary Required:	Date Availa	ble to Start:	

I hereby certify that the answers and other information on this application are true and correct and
that I understand any misrepresentation or omission of facts on my part will be justification for
separation from the company's service, if employed. I understand that my employment may be
contingent upon receipt of an alien registration number, verification of birth, and any other pertinent
information bearing upon my employment, and that my continued employment depends upon the will
of the company or myself.

SIGNATURE	DATE
If any of your educational or employment records are under a	a name other than the one listed above,
please provide other name/s:	



Thank you for submitting an Application to work for Modular Solutions. We carefully review each application and will contact you if we would like to further discuss your potential employment by our firm.

Thanks for your time!