

EMPLOYMENT APPLICATION

GENERAL				
Name:			Date:	
Last	First	Middle		
Other Names Known By:			Soc. Sec. #	
Address:				
No.	Street	City	State	Zip
Telephone #		Position Applied For:		
Referred By:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Job Service	<input type="checkbox"/> Temp. Agency	<input type="checkbox"/> Friend/Relative
	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (explain) _____		
Have you worked for MTI before? _____ If YES when? _____ Position? _____				
Are you willing to work overtime when required? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Date Available:		Salary or Wage Desired:		
MTI participates in the E-Verify Employment Verification Program.				
Are you legally eligible for employment in the U.S. YES <input type="checkbox"/> NO <input type="checkbox"/> (If hired verification will be required by law)				
Have you been convicted of a crime (excluding misdemeanors and traffic offences)? YES <input type="checkbox"/> NO <input type="checkbox"/>				
MTI's nepotism policy disallows family members working on the same team. Does the position you are applying for violate this policy? YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure <input type="checkbox"/>				
List names of previous employers where you were bonded. _____				
Indicate Special Qualifications, Interests and/or Skills: _____				

EDUCATION			
Name of School	Course of Study Major/Minor	Years Completed	Did you graduate?

EMPLOYMENT HISTORY

List previous employers beginning with the most recent.

Employer:	Phone:	From:	To:
Street Address:	City:	State	Zip
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason For Leaving:		Final Salary/Wages	
Employer:	Phone:	From:	To:
Street Address:	City:	State	Zip
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason For Leaving:		Final Salary/Wages	
Employer:	Phone:	From:	To:
Street Address:	City:	State	Zip
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason For Leaving:		Final Salary/Wages	
Employer:	Phone:	From:	To:
Street Address:	City:	State	Zip
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason For Leaving:		Final Salary/Wages	

MILITARY SERVICE

Branch of Service:	From:	To:	Rank/Duties:	Date Discharged:

PERSONAL REFERENCES

Name	Address	Years Known	Phone

I certify the above information is true and complete to the best of my knowledge. I understand this application does not constitute an employment contract of any kind. Should I be employed by MTI, I may resign such employment at any time at my discretion with or without prior notice and MTI may terminate my employment at any time at its discretion with or without cause and with or without prior notice.

Date: _____ Signature: _____

I authorize MTI to discuss my character, qualifications, and work record with past employers. * YES NO
 *A "no" answer will not affect MTI's review of applicant's qualifications.

Date: _____ Signature: _____