

Application for Employment

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MMP, Inc.

Dear Applicant,

Your employment relationship is not based on any contract of employment. We hope that our employment relationship with you, if you are hired, will be ongoing and rewarding for you and us. However, your employment is "at-will" and may be terminated at any time, with or without cause, by either you or us. No one in our organization has the authority to enter into any agreement for employment for a specified period of time, or to make any other representations or agreement inconsistent with this policy, unless it is in writing and signed by the President of MMP, Inc.

(Please Print)

We are equal opportunity employers, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race creed, national origin, religious persuasion, marital status, political belief or disability that does not prohibit performance of essential job functions.

Date _____

I. Personal Information

Name Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number

Telephone (home & message numbers)

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Cards, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by MMP, Inc.?

3. How were you referred to MMP, Inc.? _____

4. Have you ever been convicted of a felony? _____ Yes _____ No If yes, please explain:

Answering "Yes" will not necessarily bar applicant from employment.

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		
Apprenticeship _____	How Long? _____	Trade _____
Where Apprenticeship served? _____		When served? _____
Specific Mechanical experience or special training? _____		

SKILLS

<u>Technical</u>				<u>Office</u>	
Lathe	()	Wiring	()	Typing/Word Processing	()
Drill Press	()	Soldering	()	Accounting Skills	()
Milling Machine	()	Small Parts Assembly	()	General Office Skills	()
Punch Press	()	Sheet Metal Bending	()	Software Knowledge: _____	
Printed circuit board layout	()	Drawing Interpretation	()	_____	

Computer Knowledge: _____

Military Service () Yes () No If Yes, please explain branch of service, time served, and special training received:

OTHER SKILLS:

Please list any skills/training, awards, or recognition that you feel might be an asset to your employment.

III. Employment Record *(Please include all employment for the last five years.)*

1. _____
Company Name (Current or Most Recent Employer) _____
Position Held

_____ _____
Address *Dates Employed – From* *To*

_____ _____
Manager/Supervisor *Telephone*

Reason for Leaving *Wage/Salary*

2. _____
Company Name (Current or Most Recent Employer) _____
Position Held

_____ _____
Address *Dates Employed – From* *To*

_____ _____
Manager/Supervisor *Telephone*

Reason for Leaving *Wage/Salary*

3. _____
Company Name (Current or Most Recent Employer) _____
Position Held

_____ _____
Address *Dates Employed – From* *To*

_____ _____
Manager/Supervisor *Telephone*

Reason for Leaving *Wage/Salary*

NOTE: Use a separate sheet to list additional employers, if necessary. Will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References (Please do not include relatives or former employers.)

1. _____
Name _____
Years Known

_____ _____
Address *Telephone*

Occupation

2. _____
Name _____
Years Known

_____ _____
Address *Telephone*

Occupation

3. _____
Name _____
Years Known

_____ _____
Address *Telephone*

Occupation

V. Work Availability

- 1. If your application receives favorable consideration, when will you be available to begin work? _____
- 2. Do you have any objections to working overtime? () Yes () No
- 3. Can you work overtime without prior notice? () Yes () No
- 4. Can you work on Saturday? () Yes () No
- 5. Can you work on Sunday? () Yes () No
- 6. Can you travel if required by this position? () Yes () No

Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

I authorize investigation of all statements contained in this application for employment. These statements are true and factual to the best of my knowledge and I understand that misrepresentation or omission will be sufficient cause of cancellation of consideration for employment or dismissal from employment.

DATE: _____ **SIGNATURE OF APPLICANT:** _____