

M and B Services, LLC

Employment Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name _____
Last
First
Middle Initial

Address: _____
Street
(Apt)
City/State
Zip

Home Phone: (____) _____ Mobile Phone: (____) _____

Date of Birth: _____ If under 18, do you have a work permit? _____

POSITION APPLYING FOR: _____

Days Available to work: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

I am seeking: Full-Time _____ Part-Time _____

Weekly Hours Available: _____ **Are you available to work:** Nights _____ Weekends _____

Available Start Date: _____ **Are you currently employed?** _____

EDUCATION

	Name & Location	Graduate/Degree	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the abovementioned position.

PREVIOUS WORK EXPERIENCE

Please list beginning with most recent. Attach additional sheets if necessary.

Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason For Leaving (Be Specific)		
List all the positions you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason For Leaving (Be Specific)		
List all the positions you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason For Leaving (Be Specific)		
List all the positions you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

Name	Phone Number	Relationship	Years Known
1.			
2.			
3.			
4.			

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date