

MEADVIEW CIVIC ASSOCIATION (MCA)
EMPLOYMENT APPLICATION

PLEASE PRINT ALL
INFORMATION
REQUIRED
EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE: _____

Name:

Last First Middle Maiden

Present Address:

Number Street City State Zip

How long at this address? _____ Social Security No. ____-____-_____

DATE OF BIRTH _____
MONTH DAY YEAR

Telephone () _____ - _____

Position applied for _____

Days/hours available to work

Salary desired _____
(Be specific)

Sun _____ Mon _____
Tues _____ Wed _____
Thurs _____ Fri _____
Sat _____

How many hours can you work weekly? _____ Can you work nights? (Y) (N)

Employment desired () FULL-TIME ONLY () PART-TIME ONLY () FULL-OR PART-TIME

When available for work? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? () NO () YES

If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				
OTHER				

DO YOU HAVE A DRIVER'S LICENSE? YES NO

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK?

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____
 OPERATOR _____ COMMERCIAL (CDL) _____ CHAUFFEUR _____
 EXPIRATION DATE _____

HAVE YOU HAD ACCIDENTS DURING THE PAST 3 YEARS? YES NO

If yes, how many? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST 3 YEAR? YES NO

If yes, how many? _____

OFFICE

TYPING YES NO WPM ____ PC ____ MAC ____

10-KEY YES NO

WORD PROCCESSING YES NO

OTHER _____

HAVE YOU EVER BEEN IN THE ARMED FORCED? () YES () NO
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? () YES () NO
 SPECIALTY _____
 DATE ENTERED _____ DISCHARGE DATE _____

WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE (5) YEARS,
 BEGINNING WITH YOUR MOST RECENT JOB HELD.
 IF YOU WERE SELF-EMPLOYED, GIVE BUSINESS NAME.
ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF EMPLOYER & ADDRESS	NAME OF LAST SUPERVISOR	DATE EMPLOYED	PAY OR SALARY
		FROM TO	START FINAL

YOUR LAST JOB TITLE _____
 REASON FOR LEAVING (BE SPECIFIC) _____

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED,
 ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THE COMPANY.

NAME OF EMPLOYER & ADDRESS	NAME OF LAST SUPERVISOR	DATE EMPLOYED	PAY OR SALARY
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ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THE COMPANY.

MAY WE CONTACT YOUR CURRENT EMPLOYER? () YES () NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? () YES () NO

If not, who did? _____

SIGNATURE _____

DATE _____

COMMENTS: _____
