

PERSONAL INFORMATION				
Last Name:		First Name:		Social Security #:
Address:			City/State:	Zip:
Mailing Address:			City/State:	Zip:
Phone #:		Alternate Phone #:		Referred by:
EMPLOYMENT DESIRED				
If you could choose, what department would you say best suits you?				
Full-time or Part-time preferred?:				
Position:		Date you can start:		Wage desired:
Are you currently employed? Yes or No		If so, may we contact your present employer? Yes or No		
Have you applied with MMH before? Yes or No		If yes, when?		
EDUCATION HISTORY				
Name & Location of School		Years attended	Did you graduate?	Courses studied
High School				
College				
Other				
GENERAL INFORMATION				
Special Study/Research Work:				
Special Training:				
Special Skills:				
U.S. Military or Naval Service:				Rank:
FORMER EMPLOYMENT				
Date, Month, Year	Name/Address of Employer	Wage (Optional)	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

PERSONAL INFORMATION			
Name	City/State	Business or Friend	Years Known

ADDITIONS
Comments:

**Authorization:**

"I certify that the facts contained in this application are true and complete to the best of m knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document from upon hire.

Date:	Signature:
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**For Internal Use:**

Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_

## Employee Availability Form

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

**I am available to work the following days and times:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Signature: \_\_\_\_\_

Date: \_\_\_\_\_