



FOR COMPANY USE ONLY		
Received By	Date Received	Action

POSITION APPLIED FOR
Department: _____
Title/Position: _____
Date Available: _____
Minimum Acceptable Salary: _____

## EMPLOYMENT APPLICATION

GENERAL INSTRUCTIONS
1) Type or print in ink this application in its entirety. 2) Carefully read the Certification Section (page 5). 3) Be sure to include professional references and phone numbers. 3) Sign your name in the Certification Section (page 5). All information you submit is subject to verification. 4) Only fully completed and signed applications will be considered. 5) A detailed Resume may be attached to provide additional information.

CONTACT INFORMATION		
Name (First, MI, Last)		
Mailing Address		
City	State	Zip Code
Home Phone	Business Phone	
Email Address		

### EDUCATION

HIGH SCHOOL:	
NAME/LOCATION OF SCHOOL:	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/> None
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)					
NAME OF SCHOOL	LOCATION OF SCHOOL	DATES OF ATTENDANCE (MONTH/YEAR)		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING: (Vocational, trade, business, etc.)					
NAME OF SCHOOL	LOCATION OF SCHOOL	DATES OF ATTENDANCE (MONTH/YEAR)		COURSE OF STUDY	COMPLETE (Y/N)
		FROM	TO		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

### LICENSURE, REGISTRATION, CERTIFICATION (example: Driver License, Architectural License)

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	DATE	DATE EXPIRES	LICENSING AGENCY

## EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information, but not as a replacement for completing this section.

### CURRENT OR MOST RECENT EMPLOYER:

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### NEXT PREVIOUS EMPLOYER:

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### NEXT PREVIOUS EMPLOYER:

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If needed, attach additional sheets, using the same format as the application. Resumes may be attached to provide additional information.

**KNOWLEDGE / SKILLS / ABILITIES**

List any knowledge, skills, and abilities you possess and believe relevant to the position you seek, such as computer skills, drawing skills, design ability, contract administration, etc.:

---

---

---

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

NO  YES

NO

If "YES", what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR FIRST DEGREE MISDEMEANOR?

YES  NO

NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHELD FOR A CRIME WHICH IS A FELONY OR FIRST DEGREE MISDEMEANOR?

YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

**CITIZENSHIP**

MOC Services hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

YES  NO

**REFERENCES**

Please list three (3) references who know you personally and/or professionally (Name, Address, and Phone Number):

---

---

---

MAY WE CONTACT YOUR PERSONAL/PROFESSIONAL REFERENCES?

YES  NO

MAY WE CONTACT YOUR CURRENT OR MOST RECENT EMPLOYER?

YES  NO

**ADDITIONAL INFORMATIONAL**

List additional information you would like to include which would support your qualifications and/or experience.

---

---

**CERTIFICATION AND WAIVER**

In exchange for the consideration of my job application by MOC Services, Inc., and its affiliates, successors or assigns (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of MOC Services, Inc., and its affiliates, successors or assigns, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Either the undersigned or the Company may end the employment relationship at any time, without any notice or reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of at least ninety (90) days, and further understand that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will with or without cause, and with or without notice by either the Company or the undersigned.

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Company for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_

**MOC Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, age or disability. We assure you that your opportunity for employment with MOC Services depends solely on your qualifications.**

**Thank you for completing this application form and for your interest in our business.**

MOC Services Application for Employment