

MB ELECTRIC, INC.

**879 MCENTIRE LN
 DECATUR, AL 35601
 OFFICE: 256-566-8400
 WORK: 256-522-9214**



APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available		Social Security No.		Desired Salary		
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you have any family currently employed for MB Electric, Inc.?						
If yes, please list the name(s) of the employee(s).						

EDUCATION

High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

Employment Application

**PREVIOUS EMPLOYMENT (LIST BELOW, STARTING WITH LAST EMPLOYER FIRST)
ALL SECTIONS ON APPLICATION NEEDS BE FILED OUT COMPLETELY.**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From/To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From/To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From/To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From/To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

This application must be filed out completely. You may attach a resume to help supply any other addition information. All applications will be kept on file for 90 days.

DISCLAIMER AND SIGNATURE

"I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and the references and employers listed above 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 representation 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."

Signature	Date
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DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, understand that my motor vehicle report may be requested form Auto Owner's Insurance. This report will include any traffic violations or convictions over the past 5 years.

**I AUTHORIZE, WITHOUR RESERVATION, ANY PARTY OR AGENCY
CONTRACED BY ADR FURNISHES THE ABOVE-MENTRIONED INFORMATION.**

I have the right to make a request to ADR, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request. I hereby consent to your obtaining the above information from ADR.

I hereby authorize procurement of my motor vehicle report. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle reports. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle reports at any time during my employment (or contracted) period.

Print Name

Driver's License Number/ State

Date of Birth

Today's Date

Applicant's Signature