|  |  |
| --- | --- |
| MB Electric, inc.  879 mcentire ln  Decatur, AL 35601  oFFICE: 256-566-8400 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | NO | | | | If not, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | | YES | | NO | | | | 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 | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment (List below, starting with last employer first)all sections on the application need to be filled 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 | | NO | | | | | |  | | | | | | | | | | | | | | |
| 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 | | NO | | | | | |  | | | | | | | | | | | | | | |
| 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 | | NO | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 additional 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 the investigation of all statements contained herein and the references and employers listed above give you any 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, 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 | |  | | | | | | | |



**DISCLOSURE AND RELEASE**

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

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACED BY ADR TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

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

I hereby authorize the 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.

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Print Name Driver’s License Number/ State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature