

APPLICATION MECA EMPLOYMENT CONNECTION

For Office use only Skills 1	2	3
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MECA Employment Connection is dedicated to the policy of non-discrimination in employment on any basis including age, sex, color, race, national origin, religion, marital status, change in marital status, disability, pregnancy, parenthood and membership in uniformed services. **All Persons hired must submit satisfactory proof of employment authorization and identity within three (3) working days of being hired. Failure to submit such proof within the required time shall result in immediate termination. Consideration of this application does not guarantee employment.**

Last Name	First Name	Middle	Social Security Number --- ---
Address	City	State	Zip
Date available for work From: To:	If necessary for the job, are you over? 14 15 16 17 18 19 20 21		Home Phone Number () -
Work interested in: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary			Work Phone Number () -
How many days notice will you need to give a current employer if hired:		E-mail address:	

EMPLOYMENT HISTORY

List most recent employment first. Do not use "refer to resume" or equivalent statement in lieu of completing this application.

From / To Mo/Yr	Company & Address	Phone Number	Title	Pay rate	Supervisor Name/ Title	Reason for Leaving
/				Start		
/				End		
/				Start		
/				End		
/				Start		
/				End		

EDUCATIONAL BACKGROUND

Name of High School	Years Attended 1 2 3 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/ Concentration
Name of Trade School	Years Attended 1 2 3 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/ Concentration
Name of College	Years Attended 1 2 3 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/ Concentration

List two references with whom you have worked and at least one personal reference

Name	Company	Title	Address	Phone

If you are not currently working, how long have you been looking? _____

List the types of duties you have performed in your career (e.g., sales, answering phones, presentations, etc...) _____

Computer Skills (e.g., Microsoft Word, PowerPoint, Excel, Access, QuickBooks, etc...): _____

Professional Licenses, Certificates or Registrations: _____

I authorize MECA to check my references regarding past employment. I agree to contact MECA regarding any changes in the status of my employment or personal information contained herein, such as address, phone numbers, emergency contacts, etc.

SIGNATURE: _____ **DATE:** _____ Revised 4/2006

Are you legally eligible for employment in the U.S.A? **Yes** **No**
Successful applicants will be required to prove identity and eligibility.

Have you ever been convicted of a crime other than a traffic offense? **Yes** **No**
If yes, please explain: _____

If the position requires driving, are you willing to provide your current driving record? **Yes** **No**

Emergency Contact Information:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

In signing this document you agree to the following:

I understand that it may be necessary for employment to: supply proof of identity and of authorization to work in the U.S., have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

SIGNATURE: _____ **DATE:** _____

Reviewed by: _____ **DATE:** _____

PLEASE READ AND SIGN THE ATTACHED ADDENDUMS

APPLICATION ADDENDUM I

PLEASE READ THE FOLLOWING CAREFULLY

I declare that the answers to the application are correct and that any misstatement of fact or omission should cause for dismissal or rejection. I authorize the company to contact any of my previous employers as well any reference source in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby authorize any person(s) having knowledge thereof to provide such information, and I hereby release from liability and agree to hold harmless any persons that furnish such information in good faith.

I agree that I will submit to a physical, urinalysis and/or blood or other examination requested by the company at any time prior to or subsequent to my employment. I authorize the company to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of the company who furnished such information. I further understand that my employment or officer or agent of the company may bind it by oral or printed statements, including handbook, benefit books, or bulletins, contrary to the above.

Finally I understand that no firearms, alcohol or drugs are permitted on the company premises and that either being under the influence of illicit drugs and alcohol or having identifiable traces of them in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to notify management in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon reporting to work.

I hereby authorize my employer to deduct from my wages any monies due which I have been notified. Deductions may be for, but not limited to insurance premiums, pension and savings plans, loans, uniforms or accouterments.

Under the provision of the Fair Credit Reporting Act, 15 U.S.C Sec 1681, et seq. Notice is hereby given that a consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection 1681 (d) shall made a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is later.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act that a disclosure will be made to you of the name and address of the consumer-reporting agency making such report.

I hereby declare that the information provided is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts I have given and any misrepresentation on my part will constitute a release to the employer of any liability that may be encountered by having acted on such facts.

Applicant Signature: _____

Date: _____ / _____ / _____

APPLICATION ADDENDUM II

STATEMENT OF POLICY

PLEASE READ THE FOLLOWING CAREFULLY

The policy of MECA Employment Connection is to meet its Safety and Health responsibilities, and to continually strive to maintain safe working environment throughout the organization.

It is the intention of the company to conform to OSHA requirements or standards of any other government agency having the authority over the workplace. Furthermore, no employee will be required or knowingly be permitted to work in an unsafe manner or place unless of the purpose of making it safe, and then only after reasonable precautions have been taken to provide protection while doing such work. Finally, the control of accidents is the responsibility of all operating personnel will be accountable for their actions relevant to safety within the scope of their authority.

It is also the intention of MECA Employment Connection to provide a drug-free work place in keeping with the spirit and intent of the Drug-Free Workplace Act of 1988. The use of illegal drugs is inconsistent with the behavior expected of employees, and undermines the operation of an effective and efficient workplace. Furthermore, the unauthorized use of alcohol in the workplace is prohibited.

Signing the area below verifies that the individual named below has read, fully understands and agrees to adhere to those policies mentioned above.

Applicant Signature: _____

Date: _____ / _____ / _____



"Freedom from payroll administration burdens and H.R. responsibilities."

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely effect any consideration you may receive for employment or advancement in employment.

Name: _____ **Date:** _____

Position applied for: _____

Sex: Male _____ Female _____

Race/Ethnicity:

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)** – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

[] I choose not to provide this information.

Signature: _____