

Application for Employment

M-B Companies, Inc. is an equal opportunity employer and considers qualified applicants for employment without regard to gender, race, religion, national origin, age, disability, or any other protected class, in accordance with applicable federal, state and local laws.

GENERAL INFORMATION

Last Name	First Name	Middle Name	Nick Name
Street Address		City, State Zip	
Email	Contact Phone	Home Phone	Cell Phone

If you are hired can you present proof of your legal right to work in the United States? Yes No

Are you at least 18 years of age? Yes No If not, hiring may be subject to verification of age and a valid work permit.

Have you ever worked for M-B Companies Inc. before? Yes No If yes, list dates and supervisor(s):

Do you have any friends or relatives that work for M-B Companies Inc.? Yes No
If yes, enter their names and relationship to you:

POSITION

Position applied for or type of position desired:	Available For: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	Available Shifts: <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift <input type="checkbox"/> Weekends
When can you start?		
How did you hear about this position?		

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes **No**

M-B Companies, Inc., as an equal opportunity employer, makes reasonable accommodations to the known physical or mental limitations of otherwise qualified applicants or employees with a disability.

EDUCATION AND TRAINING

Are you a high school graduate? Yes No If not, have you passed the GED? Yes No

List your Colleges, Business Schools, and Military Training (with the most recent first)

Name and Location	# of Yrs Attended	Major/Area of Study	Degree(s)

If you have served in the Armed Services, list your duties and duty stations, special training, and rank at discharge:

OTHER SKILLS

If you are fluent in any languages other than English list them here with details (fluent, conversational, etc):

List any special training, work-related skills, achievements, equipment certification, occupational licenses, military training, certifications or registrations relevant to this position. If hired, you may be required to submit copies for verification.

This application will remain active for 60 days. If you have not heard from M-B Companies, Inc. within 60 days, it will be necessary to reapply and fill out a new application to be considered for job openings.

To qualify as an applicant, you must specify the exact job or job category for which you are applying in the "Position applying for" box at the top of this page. This application must be filled out in its entirety.

You are not required to furnish any information that is prohibited by federal, state, or local law. M-B Companies, Inc. is committed to providing equal employment opportunity for all employees and applicants for employment. Equal access to employment is available to all qualified persons, and M-B Companies, Inc. does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender, age, national origin, citizenship, disability or any other protected status under applicable federal, state, or local law. Applicants requiring accommodation to the application and/or interview process should notify the Human Resources Department of M-B Companies, Inc.

WORK EXPERIENCE

List your work experience, starting with your most recent employment. You may use the + Add Experience link to add additional jobs. (Do NOT enter "see resume".)

Employer		Address		
Supervisor(s) Name, Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date	Ending Date	Reason for Leaving		
Starting Title		Starting Duties		
Ending Title		Ending Duties		

Employer		Address		
Supervisor(s) Name, Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date	Ending Date	Reason for Leaving		
Starting Title		Starting Duties		
Ending Title		Ending Duties		

Employer		Address		
Supervisor(s) Name, Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date	Ending Date	Reason for Leaving		
Starting Title		Starting Duties		
Ending Title		Ending Duties		

PROFESSIONAL REFERENCES

Enter the names and contact numbers of three (3) business/work references of people who are not related to you, or if not applicable you may enter school or personal references of people who are not related to you.

Name	Position/Company/Address	Yrs Known	Contact Number/Email

SIGNATURES

I understand that the acceptance by M-B Companies, Inc. (the "Company") of this application is not an offer of employment and nothing contained in this application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I further understand that, if hired, my employment with the Company will be one on an at-will basis and that either the Company or I may terminate my employment with or without cause and with or without notice at any time. I also understand and agree that the terms and conditions of my employment may be changed by the Company.

I hereby authorize the Company, its representatives, employees, or agents to investigate all statements provided by me in this application, resume, or otherwise provided in connection with the application process. I request and authorize all current and/or former employers, listed references, schools, police departments, law enforcement agencies, financial institutions, departments of motor vehicles, U.S. Citizenship and Immigration Services and other governmental agencies to supply the Company information concerning me and my background. I voluntarily and knowingly fully release and hold harmless any person or entity that provides information pertaining to me or my background. A copy of this authorization is as valid as the original and should be recognized as such.

If I am employed, I agree to abide by all the Company's rules, regulations and policies and to carefully preserve and protect all Company equipment and property and to return the same to the Company upon separation of my employment with the Company or whenever requested by the Company.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

I understand that an offer of employment will be contingent upon satisfactorily passing the Company's required controlled substance use screen. I also understand that my failure to cooperate with the Company in connection with a test for a controlled substance, my refusal to participate in a test for a controlled substance or a positive test for use of a controlled substance will result in rejection of my application and/or dismissal from employment.

I certify that the answers and information given by me herein are true and complete to the best of my knowledge. I understand that any misrepresentation, falsification or omission of any kind made by me on this application, or at any time during the hiring process, shall result in rejection of my application, or if hired, my immediate dismissal without any obligation or liability to me other than for payment of services actually rendered to the Company, if any.

Do not sign until you have read the above acknowledgement.

This is not a valid application for employment, unless signed below.

By signing this application, I certify that have read, fully understand, and accept all terms of the foregoing Acknowledgment.

Signature

Date