

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for: _____ Date of Review: _____
How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email address: _____ Date Available to Start: _____

Social Security #: _____ - _____ - _____ Salary Requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes: _____ No: _____

If no, please explain: _____

Have you ever worked for this company? Yes: _____ No: _____ If yes, when? _____

Are you a citizen of the United States? Yes: _____ No: _____

If not, are you legally allowed to work in the United States? Yes: _____ No: _____

Type of Employment Desired: Full-time _____ Part-Time: _____

Have you ever pled "Guilty", "No-Contest", or been convicted of a crime? Yes: _____ No: _____

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License number: _____ State: _____ Expiration: _____

Has your license ever been suspended or revoked? Yes: _____ No: _____

If yes, please explain: _____

Previous DWI? Yes: _____ No: _____

If yes, please explain: _____

Education:

High School: _____

Number of years: _____ Graduate _____

College: _____

Number of years: _____ Degree: _____

Post-Graduate: _____

Number of years: _____ Degree: _____

Military Service:

Branch: _____ Rank: _____ Discharge Date: _____

State Industrial Radiographer Certification? Yes: _____ No: _____ State: _____ Exp. Date _____

T.W.I.C. Card? Yes: _____ No: _____ DISA Hair Follicle Testing Yes: _____ No: _____

Any other licenses you hold: _____

Previous Employment (begin with most recent position):

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Dates of employment: From: _____ to _____
Place of employment: _____
Address: _____ City: _____ State: _____ Zip: _____
Positions held: _____
Phone number: _____ Supervisor: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____
May we contact employer as a reference? Yes: _____ No: _____

Emergency Notification:

Name: _____
Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship: _____

Summarize Special Skills or Qualifications: _____

Personal References:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Marco Inspection Services, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Signature of Applicant: _____ Date: _____