

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

This Application form may be completed by using MAR's Microsoft WORD electronic document file

"F393Emfl" on a computer.

Position(s) Applied For		Date of Application
How Did You Learn About Us? <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date

Have you ever been employed with us before?

Yes No

If Yes, give dates

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you a U.S. citizen, or do you have a work visa?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work?

Type of employment desired: Full Time Part Time Educational Co-Op Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can You travel, if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Conviction will not disqualify an applicant from employment consideration.

Yes No

If Yes, please explain: _____

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills, and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you believe may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read, and/or write				
LANGUAGE	READ & WRITE	READ & SPEAK	READ ONLY	SPEAK ONLY

List professional, trade, business, or civic activities and offices held.
Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status

May we contact former employers for a reference? Yes No

Do you agree to release former employers from liability regarding a reference? Yes No

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment section below.

1.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills, Qualifications, and Interests

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and representations made by me in this application and to secure additional information about me, if job-related. In the recruitment of an employee for a specific position that will require a personnel clearance for access to classified information pursuant to US Government requirements, applicants selected will be subject to a security investigation (including criminal history, educational background, financial history, medical history, employment verification, and military history) and must meet eligibility requirements for access to classified information. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

_____/_____/_____
Date

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	_____
Interviewer	_____
Date	_____
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____
Job Title	_____
Hourly Rate/Salary	_____
Department	_____
By	_____
	NAME AND TITLE
	DATE

NOTES _____

Employment Data Record

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

(PLEASE PRINT)

Date:

Name		Birthdate	
Address			
City		State	Zip
_____		_____	_____
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Black
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native
Spouse's Name:	_____		<input type="checkbox"/> Asian/Pacific Islander

SPECIAL CONSIDERATION FOR THE DISABLED, VIETNAM ERA VETERANS, AND DISABLED VETERANS

MAR, Inc. is a government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. These laws require government contractors to take Affirmative Action to employ and advance in employment qualified disabled persons, qualified Vietnam Era veterans, and qualified disabled veterans.

If you are a handicapped person, a Vietnam Era veteran, or a disabled veteran and would like to be considered under our Affirmative Action Program, please tell us.

If you choose not to provide this information, you will not be subject to adverse action by MAR. The information will be kept confidential, except that necessary personnel may be informed in order to ensure proper placement and to accommodate a disability or handicap that you have identified.

I choose not to be included in MAR's Affirmative Action Program. _____ <p style="text-align: right;">Signature</p>
To be included in our Affirmative Action Program, please indicate how you would like to be identified: <input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran
If you are handicapped or disabled, you can assist us by describing any special methods, skills, and procedures that qualify you for positions that you might not otherwise be able to do because of your handicap. We will use this information to consider you for positions of that kind. _____ _____
You can assist us by describing the accommodations that we could make to enable you to perform the job properly and safely. Accommodations include special equipment, changes in the physical layout of the job, and the elimination of certain duties related to the job. _____ _____ _____ _____