

## Employment Application

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									
For Operator/Driving positions only, do you have a current valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which class is your driver's license?						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
EDUCATION									
High School				City, State					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
College				City, State					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			From	To		
Trade/Technical				City, State					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			From	To		
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Email									
Full Name				Relationship					
Company				Phone					
Email									
Full Name				Relationship					
Company				Phone					
Email									
What Languages do you speak fluently? _____ Read? _____ Write? _____									

## Employment Application

### PREVIOUS EMPLOYMENT (Please list your work experience beginning with your most recent job held)

Company		Phone	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

Reason for Leaving

Supervisor (Name / Email / Phone)

May we contact your previous supervisor for a reference? YES  NO  Start Date End Date

Company		Phone	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

Reason for Leaving

Supervisor (Name / Email / Phone)

May we contact your previous supervisor for a reference? YES  NO  Start Date End Date

Company		Phone	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

Reason for Leaving

Supervisor (Name / Email / Phone)

May we contact your previous supervisor for a reference? YES  NO  Start Date End Date

### MILITARY SERVICE

Branch	From	To
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Rank at Discharge

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

## Employment Application

### DISCLAIMER & APPLICANT STATEMENT WITH SIGNATURE

Moore Control Systems, Inc. (MCSI) is an equal opportunity employer. MCSI will not discriminate against employees or applicants for employment on any legally recognized basis ["protected class"] including, but not limited to: race; color; religion; genetic information; national origin; sex; gender identity; sexual orientation; pregnancy, childbirth, or related medical conditions; age; physical or mental disability; citizenship status; uniform service member status; or any other protected class under federal, state, or local law.

PLEASE READ CAREFULLY BEFORE SIGNING THIS STATEMENT

I understand that this application is not an offer of employment. I understand that any false or misleading information or omission of facts in my application may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. Moore Control Systems, Inc. (MCSI) is an AT-WILL employer. I understand and agree that if this application leads to employment with MCSI, that my employment is not for any specified period and may be terminated by me or the Company at any time, with or without cause or advance notice, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and an authorized Officer of the Company.

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that in connection with my application for employment, any offer of employment is conditioned upon my taking and passing a pre-employment drug test. I understand that I may refuse to take any required pre-employment drug test, but that if I do, any offer of employment will be immediately withdrawn.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_