



Marves Industries, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

APPLICANT INFORMATION

Please print and fill out all sections

NAME First:	Middle:	Last:	DATE:
SOCIAL SECURITY #:		DOB:	GENDER M F
PRESENT ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:		CELL PHONE:	
HOW LONG AT PRESENT ADDRESS:		SHIFT PREFERENCE:	
IF LESS THAN 6 MONTHS AT CURRENT ADDRESS PLEASE PROVIDE PREVIOUS ADDRESS			

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY:
ARE YOU EMPLOYED NOW? [] Y or [] N		
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Y N		

EMERGENCY CONTACTS

NAME	PHONE #	RELATIONSHIP
NAME	PHONE #	RELATIONSHIP

PERSONAL INFORMATION

EVER APPLIED TO THIS COMPANY BEFORE? [] Y or [] N IF YES, WHEN:				
DO YOU HAVE ANY FRIENDS, RELATIVES, OR ACQUAINTANCES WORKING FOR MARVES INDUSTRIES? [] Y or [] N				
IF YES, STATE NAME & RELATIONSHIP:				
IF HIRED, WOULD YOU HAVE TRANSPORTATION TO/FROM WORK? [] Y or [] N				
IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST? [] Y or [] N				
EDUCATION	NAME	YRS. ATTENDED	GRADUATE	SUBJECT/ MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

GENERAL INFORMATION

SPECIAL SKILLS/TRAINING:	
PERSONAL INTEREST - (READING, VOLUNTEER WORK, SPORTS, ETC.)	
U.S. MILITARY OR NAVAL SERVICE	RANK
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? [] Y or [] N IF YES, PLEASE DESCRIBE THE CRIME - STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF CASE.	

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE DATE OF THE OFFENSE, THE NATURE OF THE OFFENSE, INCLUDING ANY SIGNIFICANT DETAILS THAT AFFECT THE DESCRIPTION OF THE EVENT, AND THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)

FORMER EMPLOYERS

FROM:	TO:	NAME & ADDRESS:	PHONE NO.
SALARY		POSITION:	REASON FOR LEAVING:
FROM:	TO:	NAME & ADDRESS:	PHONE NO.
SALARY		POSITION:	REASON FOR LEAVING:
FROM:	TO:	NAME & ADDRESS:	PHONE NO.
SALARY		POSITION:	REASON FOR LEAVING:

BUSINESS REFERENCES

NAME	BUSINESS	PHONE NUMBER	YRS. KNOWN

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELIEVE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

DATE

SIGNATURE