



APPLICATION FOR EMPLOYMENT

Marves Industries, LLC 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.

Please print and fill out all sections

APPLICANT INFORMATION

NAME	First	Middle	Last	DATE
PRESENT ADDRESS				
CITY	STATE		ZIP	
HOME PHONE			CELL PHONE	

EMPLOYMENT DESIRED

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

EMERGENCY CONTACT

NAME	PHONE #	RELATIONSHIP
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PERSONAL INFORMATION

EVER APPLIED TO THIS COMPANY BEFORE? [] Y or [] N

IF YES, PLEASE EXPLAIN (INCLUDE DATE): _____

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 HISTORY	NAME	YRS. ATTENDED	DID YOU GRADUATE	SUBJECT/ MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SPECIAL TRAINING	
SPECIAL SKILLS	
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	NAME & ADDRESS	PHONE NO.
TO		
	POSITION	REASON FOR LEAVING
FROM	NAME & ADDRESS	PHONE NO.
TO		
	POSITION	REASON FOR LEAVING
FROM	NAME & ADDRESS	PHONE NO.
TO		
	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 RELAEASE 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