

*An Equal Opportunity Employer*

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Are You 18 Years Or Older  
 Yes  No

Are You Prevented From Lawfully Becoming Employed In This Country Because Of VISA or Immigration Status  
 Yes  No

**Employment Desired**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Currently Employed?  Yes  No

May We Inquire Of Your Present Employer?  Yes  No

Have You Ever Applied To MEC Before?  Yes  No When \_\_\_\_\_

Referred By \_\_\_\_\_

**Education**

School	Name And Location Of School	Number Of Years Attended	Did You Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade or Business School				

**General**

Subjects Of Special Study Or Research Work \_\_\_\_\_

Special Skills \_\_\_\_\_

Activities: (Civic, Athletic, Etc. - Exclude Organizations, The Name Of Which Indicates Race, Creed, Sex, Age, Marital Status, Color or National Origin) \_\_\_\_\_

U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Present Membership In National Guard or Reserves \_\_\_\_\_

**Employment History (List Below Last Three Employers, Beginning With Your Last One First)**

Date Month And Year	Name And Address Of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				

Which Of These Jobs Did You Like Best?

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What Did You Like Most About This Job?

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**References (Give The Names OF Three Persons Not Related To You , Whom You Have Known At Least One Year)**

Name	Address	Business	Years Acquainted
1			
2			
3			

*It Is Unlawful In The State Of Maryland To Require Or Administer A Lie Detector Test As A Condition Of Employment Or Continued Employment. An Employer Who Violates This Law Shall Be Subject To Criminal Penalties And Civil Liability.*

Applicant Signature \_\_\_\_\_

If Filing This Form Electronically, You May Sign At The Time Of Your Interview

In Case Of Emergency Notify \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

*I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.*

*In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.*

Applicant Signature \_\_\_\_\_

If Filing This Form Electronically, You May Sign At The Time Of Your Interview

(Office Use Only)

Interviewed By: \_\_\_\_\_

Date \_\_\_\_\_

Remarks: \_\_\_\_\_

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Position \_\_\_\_\_

Start Date \_\_\_\_\_

Salary / Wage \_\_\_\_\_