

MAS Employment Application

***Personal Information***

|  |  |
| --- | --- |
| Last Name First Name Middle | Social Security # |
| Address | Home Telephone #( ) |
| How long have you lived at the above address? | Cell Phone # |
| What position are you applying for? | Email Address |
| How did you hear about MAS? | Date of Birth |
| Driver’s License # | State Issued | Expiration Date |

***Employment Desired***

|  |  |  |
| --- | --- | --- |
| Position | Date you can start | Salary Desired |
| Are you employed now? | If so, may we inquire of your present employer? | Can you work nights? |
| Have you applied to MAS before? | If so, when? | Referred by |
| How many hours per week can you work? | Please list special skills |

***Education***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | City and state | Number of years attended | Subject Studied | Did you graduate? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Background***

|  |
| --- |
| Have you ever been convicted of a crime?  |
| If yes, please explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: |
| Have you ever been in the armed forces? | If yes, please list duty/specialized training | Date Entered | Date Discharged |
| Have you had any driving accidents in the last three years? | If yes, how many? | Have you had any moving violations in the last three years? | If yes, how many? |

***Employment***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name | Name of Supervisor | Dates Employed | Title | Pay/Salary |
| Company Address  | Company Phone # | Reason for Leaving (Please be specific) |
| Tasks/Skills |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name | Name of Supervisor | Date Employed | Title | Pay/Salary |
| Company Address | Company Phone # | Reason for Leaving (Please be specific) |
| Tasks/Skills |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name | Name of Supervisor | Date Employed | Title | Pay/Salary |
| Company Address  | Company Phone # | Reason for Leaving (Please be specific) |
| Tasks/Skills |

***Employment***

|  |  |
| --- | --- |
| Have you ever received Workers’ Compensation or Disability payments? | If yes, please describe: |
| Do you have a Driver’s License? | What is your means of transportation to work? |
| Have you ever had a driver’s license suspended or revoked? |

***References***

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Telephone # | Years known |
| Name | Address | Telephone # | Years known |
| Name | Address | Telephone # | Years known |