



**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Date of Application: \_\_\_\_\_

Name:

\_\_\_\_\_ Last First Middle

Address:

\_\_\_\_\_ Street (Apt) City, State Zip

Email Address: \_\_\_\_\_

Contact Information:

( ) ( )  
 \_\_\_\_\_ Home Telephone Mobile Alt Email

*How did you learn about our company?*

Position Sought: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_  
 By Hour or Salary

May we contact your current employer?

**EDUCATION**

	Name and Location	Course of Study	# of years completed	Did you graduate?	Diploma or Degree
High School					
College or University					
Trade or Business					
Other Education					

Have you served in the U.S. Armed Forces? Yes  No

Date of Entry: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Final Rank: \_\_\_\_\_

Indicate service schools attended or special training received: \_\_\_\_\_



**EMPLOYMENT HISTORY** (Please list beginning from most recent)

Company Name	Employed (month and year) From: To:
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving
Name and Title of Supervisor	Supervisor Phone Number

Company Name	Employed (month and year) From: To:
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving
Name and Title of Supervisor	Supervisor Phone Number

Company Name	Employed (month and year) From: To:
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving
Name and Title of Supervisor	Supervisor Phone Number



**SKILLS AND QUALIFICATIONS** (Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.)

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- 1. If hired, would you have transportation to/from work?  Y  N
- 2. Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)  Y  N
- 3. If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y  N
- 4. Do you have a current security clearance?  Y  N  
If yes, Level: \_\_\_\_\_ Date of Last Investigation: \_\_\_\_\_
- 5. Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  Y  N

If no, describe the functions that cannot be performed:

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*(Note: Mayvin complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

- 6. Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Y  N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

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*(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.)*

**REFERENCES** (List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.)

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_



**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the Mayvin Group.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or by Mayvin.

I permit Mayvin to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Mayvin Group, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in The Mayvin Consulting Group is appreciated.*

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The Mayvin Consulting Group bases decisions on employment solely upon the individual's qualifications for the position being filled. Mayvin recruits, hires, and promotes for all job classifications giving fair consideration to all, with no preference or discrimination given to race, gender, color, religion, age, national origin, disability, Vietnam Era or special disabled veteran status, or sexual orientation in compliance with the requirements of Title IX of the Educational Amendments of 1974, Title VI and Title VII of the Civil Rights Act of 1964, as amended, Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act of 1967, and Mayvin policy.

Mayvin, in compliance with Title 41 Code of Federal Regulations Chapter 60-2.21 (b)(4), invites all applicants or employees to complete the information listed below. The information obtained will be treated in confidential manner, separate from all application materials, and will be used to assist fulfilling the federal and state statistical reporting and Equal Opportunity requirements.

This information is voluntary and refusal to provide it will not subject you to any adverse treatment. Thank you very much for your consideration and assistance.

Gender:    c Female                                    c Male

Ethnicity:

c White

c Black

c Hispanic

c Asian/ Pacific Islander

c American Indian / Alaskan Native