



MORGAN BROS. SUPPLY, INC. APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____ Type: Full-Time Part-Time Temp.

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony? Yes No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

EDUCATION				
School Name	Location	Years Attended	Degree Recd	Major

Driver's license # (if applicable) _____ Have you ever worked for this company? Yes No

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT – MOST RECENT FIRST

May we contact your former employers for a reference? _____ Yes _____ No

1. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date