

APPLICATION FOR EMPLOYMENT

Permanent, Full time

POSITION APPLYING FOR _____ Temporary or Part Time

Date Of Application _____

APPLICANT PLEASE READ: Please print or use typewriter. All information submitted is subject to verification. A false or misleading response may result in disqualification for your employment or discharge, if employed. This application will not be accepted or considered until all the questions answered completely, and the application is signed.

FULL NAME _____
 (Last) (First) (M)

Social Security Number ____ - ____ - ____ PHONE (____) ____ - ____ Opt. Ph. () ____ - ____

Address _____
 (Street) (City) (State) (Zip)

WORK EXPERIANCE

List all your jobs (or Ten years of work experience). Including Military and Volunteer work. Beginning with your current or most recent Job and work back.

LAST OR CURRENT EMPLOYER: _____ Starting Date: Mo. ____ YR. ____

Mailing Address: _____ Ending Date: Mo. ____ YR. ____

Name Of Supervisor: _____ Phone ____ - ____ - ____ Starting Salary: ____ Per ____

Your Position: _____ Ending Salary: ____ Per ____

Reason for Leaving _____ May we contact this employer? ____

Your Duties: _____

NEXT PREVIOUS EMPLOYER: _____ Starting Date: Mo. ____ YR. ____

Mailing Address: _____ Ending Date: Mo. ____ YR. ____

Name Of Supervisor: _____ Phone ____ - ____ - ____ Starting Salary: ____ Per ____

Your Position: _____ Ending Salary: ____ Per ____

Reason for Leaving _____ May we contact this employer? ____

Your Duties: _____

NEXT PREVIOUS EMPLOYER: _____ Starting Date: Mo. _____ YR. _____

Mailing Address: _____ Ending Date: Mo. _____ YR. _____

Name Of Supervisor: _____ Phone _____ - _____ - _____ Starting Salary: _____ per _____

Your Position: _____ Ending Salary: _____ per _____

Reason for Leaving _____ May we contact this employer? _____

Your Duties: _____

Do you have a valid Oklahoma Driver's License? _____ Driver's License Number _____

Explain any restrictions: _____

Have you had a Driver's License in another state? _____ List state(s) and License Number _____

Have you ever had your license suspended or revoked? _____ If yes, when? _____

Why? _____ For how long? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED

GRADE SCHOOL	HIGH SCHOOL	COLLEGE	GRADUATE
SCHOOL			
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3

KIND	NAME AND LOCATION OF SCHOOL	FROM		TO		Grad Date	DEGREE & MAJOR
		M	Yr	M	Yr		
HIGH SCHOOL							
COLLEGE OR UNIV.							
OTHER SCHOOL Attended							

In the space below, list additional training, educational seminars or short courses completed.

Do you have a G.E.D. or equivalent? Yes ___ No ___ Year G.E.D. received _____ Place: _____

LIST ALL VALID PROFESSIONALS LICENSES, REGISTRATIONS & CERTIFICATIONS YOU PRESENTLY HOLD.

Type _____ Number _____ Expiration date _____

Type _____ Number _____ Expiration date _____

Type _____ Number _____ Expiration date _____

In the space below, provide any additional information concerning your skills, which qualifies you for the position you are seeking.

GENERAL INFORMATION

Date you can begin work _____

Will you work overtime whenever scheduled or required? Yes _____ No _____

Can you work weekends whenever scheduled or required? Yes _____ No _____

Special skills you possess (Electrical, Mechanical, or Technical):

Are you legally eligible for employment in the U.S.A.? _____

Have you ever been convicted, forfeited collateral, or are you now under charge for any firearms of explosive offence against the law? _____ If yes, list all such offenses and state the date, place, and action taken: _____

(Note: A conviction is not an automatic ban to employment; please provide complete information)

If you have a minimum salary requirement, you may indicate here: _____ per _____

REFERENCES

NAME: _____ OCCUPATION: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP) (TELEPHONE #)

NAME: _____ OCCUPATION: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP) (TELEPHONE #)

NAME: _____ OCCUPATION: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP) (TELEPHONE #)

PLEASE READ CAREFULLY BEFORE SIGNING:

“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 MISREPRESENTATION 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 RULE 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, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE PRESIDENT, OWNER, AND THEN ONLY WHEN IN WRITING AND SIGN BY THE PRESIDENT, HAS THE AUTHORITY TO ENTER TO ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING

Signature of applicant _____

Mid-State Manufactured Housing, Able Mobile Home Transport, and Lawson Enterprises is an equal opportunity employer and shall not discriminate against any employee or applicant for employment because of age, sex, martial status, origin, religion, race, or disability.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date _____

Remarks: _____

Neatness: _____

Comments by previous employers: 1. _____

2. _____

3. _____

Hired ____ Yes ____ No

Position _____

Salary _____

Date reporting to work _____