

METRO DEVELOPMENT CORPORATION

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date		
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				
Date Available				Social Security No.				
Position Applied for								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are there any felony charges against you? If yes, explain								

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							

PREVIOUS EMPLOYMENT
 (List below last three employers, starting with last one first)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL INFORMATION

Please list additional certifications, licenses, skills, knowledge or experience

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

DRUG TESTING: Should the company adopt a drug testing policy, I understand that I may be required to submit to drug testing as required by that policy.

VERIFICATION OF INFORMATION: I certify that the information provided on this application and all supporting materials is complete, accurate and truthful. I understand that any omissions, misrepresentations or false information included with these materials or provided in the interview process can lead to withdrawal of any offer of employment or termination of employment.

I understand that the company may investigate the information I have submitted and I authorize any person, company, school, or organization to supply information about me concerning my employment, academic records, criminal convictions, or other information to the company from liability for any damages that may result from providing this information.

CRIMINAL RECORD SEARCH: I understand that the company conducts a criminal record history search on applicants considered for employment. I have read the application form and understand that the information obtained as a result of this search may be used in valuating my suitability for an offer of employment or continuation of employment with the company.

TERMS OF EMPLOYMENT: I understand that any employment that I may obtain with the company does not entail a promise for continuous employment. I understand that no one is authorized by the company to make oral promises to me regarding the length of my employment at the company. Any employment that I may obtain at the company may be terminated at any time, except as may be provided in writing and authorized by the company's partners and managing member.

In addition, I agree that all employment is "at will" at any time the company or the employee can terminate or be terminated at any time and for any reason, with or without cause, and with or without notice.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Signature

Date

Interviewer

Date

Remarks
