

APPLICATION FOR EMPLOYMENT



We appreciate your applying for employment with Moresource, Inc. The Company is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status, pregnancy, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Please complete this application thoroughly, legibly and in its entirety.

GENERAL INFORMATION

NAME _____ Date _____
First Middle Last

ADDRESS _____
Street City State Zip Code

TELEPHONE # (____)-_____ Social Security # _____

Position applying for: _____ Date Available to Start: _____

Type of employment you are applying: Full-Time Part-Time (30 hours or less a week) Temporary

Availability: Days Nights Overtime Split Shifts Holidays Anytime

Salary Desired \$ _____ hour/month/year (circle one)

Have you ever completed an application for Moresource, Inc.?
 Yes No. If Yes, please give approximate date _____

Have you ever been employed by Moresource, Inc.?
 Yes No. If Yes, please give dates _____ to _____ Position: _____

How were you referred to our Company?
 Employment Agency: Give name, contact person and phone number: _____
 Newspaper Advertisement: _____ School Placement Office: Name: _____
 Employee Referral: Name: _____ Other: Please explain: _____

EDUCATION

Number of Years Completed: Less than 8 8 to 12 12 13 14 15 16 or more

	Name	Degree Received	Course Work
High School			
Trade School (s)			
College (s)			

ABILITY TO PERFORM JOB FUNCTIONS

Are you able to perform without accommodation all of the essential functions of the job for which you are applying? Yes No

If no, what accommodations would enable you to perform all of the job functions? _____

OFFICE SKILLS

Typing Wpm _____	Shorthand wpm _____	Calculator By Touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Data Entry <input type="checkbox"/> Yes <input type="checkbox"/> N
Word Processing: List programs _____			
Other Software: List programs _____			

OTHER

Are you currently in the military? _____ Branch: _____ Rank: _____

Are you authorized to work in the United States? Yes No If no, explain _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

EMPLOYMENT DATA

Beginning with your most recent employment, please list and present employment for the past ten years, or last four employers. **Please complete this section even if you have a resume.** Please account for any periods of unemployment.

EMPLOYER _____	WORK PERFORMED _____
STREET ADDRESS _____	_____
CITY _____ STATE _____ ZIP _____	REASON FOR LEAVING _____
TELEPHONE _____ JOB TITLE _____	_____
SUPERVISOR'S NAME/TITLE _____	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED: FROM: _____ TO: _____	IF NO, EXPLAIN _____
SALARY: STARTING: \$ _____ PER HOUR/MONTH/YEAR	_____
ENDING: \$ _____ PER HOUR/MONTH/YEAR	_____
EMPLOYER _____	WORK PERFORMED _____
STREET ADDRESS _____	_____
CITY _____ STATE _____ ZIP _____	REASON FOR LEAVING _____
TELEPHONE _____ JOB TITLE _____	_____
SUPERVISOR'S NAME/TITLE _____	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED: FROM: _____ TO: _____	IF NO, EXPLAIN _____
SALARY: STARTING: \$ _____ PER HOUR/MONTH/YEAR	_____
ENDING: \$ _____ PER HOUR/MONTH/YEAR	_____
EMPLOYER _____	WORK PERFORMED _____
STREET ADDRESS _____	_____
CITY _____ STATE _____ ZIP _____	REASON FOR LEAVING _____
TELEPHONE _____ JOB TITLE _____	_____
SUPERVISOR'S NAME/TITLE _____	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED: FROM: _____ TO: _____	IF NO, EXPLAIN _____
SALARY: STARTING: \$ _____ PER HOUR/MONTH/YEAR	_____
ENDING: \$ _____ PER HOUR/MONTH/YEAR	_____

Moresource, Inc. is very interested in its people and the work environment. Before initiating the employment relationship, we require the following authorizations in order to properly evaluate your application.

1. I understand that if I am employed by the Company, the Company or I may terminate the employment relationship at will at any time with or without cause. Likewise, I understand that the Company may make decisions about any and all of the terms and conditions of my employment (e.g., pay, promotions, demotions, discipline, etc.) at its will in its management discretion with or without cause and that I am free to end the employment relationship at my will if I am dissatisfied with any such decision. Statement of the “at-will” employment relationship is the complete agreement on this subject and I agree that it cannot be modified except by a written document signed by the President of the Company.

2. Though management tries to accommodate individual needs, business conditions may at times require me to work outside regular work hours, on Saturday, Sunday and/or holidays. I understand and accept these conditions of my continuing employment.

3. I understand that consideration for employment is contingent upon the results of a reference and background check. I therefore authorize the company to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I also authorize the Company to contact those employers listed above for which I checked “yes” to the “may we contact” question. I give my consent for such employers to release or disclose any information contained in my personnel file of such employers and to respond to any questions pertaining to the information supplied to this application. I hereby release those employers from any liability and any claim or cause of action for their actions in releasing or disclosing such information and in responding to such questions.

4. I understand that the federal law requires me to show proof of my identity and authorization to work in the United States within three days of hire. Or if only to be employed less than three days at time of hire.

I hereby acknowledge that I have read the above statements and understand them. I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any misrepresentations, inaccuracies or omissions called for herein, regardless of when discovered, will result in my disqualification from consideration of employment, or may result in dismissal from the Company’s service if I have been employed.

Signature _____

Date _____