

APPLICANT INFORMATION

Name: Last First (Initial) Cell Phone
Mailing address: Home Phone
City: State: Zip: Work Phone
Email Address:
Social Security Number

FOR OFFICIAL USE ONLY

Class Code:
Class Title:
Reviewed by:
Agency:
Accepted / Rejected Date:
Reason:
In-House Posting? Yes: No:

MartinGray PR, LLC



MartinGray PR, LLC is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

APPLICATION FOR EMPLOYMENT

Be sure you have filled in the "Application Information" section at the top of this application. You are encouraged to provide a copy of your current resume, but RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION.

Position for which you are applying: Position Number (if known):

City where position is located: Will you accept part-time employment? Yes No

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes No

Have you been employed by a MartinGray PR before? Yes No If yes, when?

In what position?

What was your reason for leaving?

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION. If you leave this space blank, you are certifying that you have no current record of conviction.

Please Note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.
WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

EDUCATION

Indicate the **HIGHEST** grade completed: (8 – 9 – 10 – 11 – 12 or G.E.D – 13 – 14 – 15 – 16 – 17 – 18)

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

If the position for which you are applying requires post secondary education credits,

YOU MUST SUBMIT OFFICIAL SEALED COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.

Name of School	Major	Degree or Certificate Earned

EXPERIENCE – WORK HISTORY

In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. You should emphasize work experience most pertinent to the position for which you are applying. If more space is needed, please include a resume.

PLEASE NOTE: RESUMES WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer: Address: Phone:

Your Job Title: Supervisor (Name/Title):

Dates of Employment: From: Mo. Year: To: Hours worked per week: May we contact?

Specific duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have the authority to hire or fire?

Reason you left this position:

Employer: Address: Phone:

Your Job Title: Supervisor (Name/Title):

Dates of Employment: From: Mo. Year: To: Mo. Year: Hours worked per week: May we contact?

Specific duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have the authority to hire or fire?

Reason you left this position:

I have attached a copy of my current resume.

I understand that in order for my application to be considered, the following Affirmation must be checked.

I certify the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my service may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position.

By checking this box, you are certifying that you have read and agreed to the above statement

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____

ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE