

MOLE-MASTER SERVICES CORPORATION®

27815 State Route 7 - Marietta, OH 45750

An Equal Opportunity Employer

Phone 740-374-6726 Toll Free 800-322-6653 Fax 740-374-5908

Please print using ink. All information must be supplied even though a resume has been or is to be submitted.

Name: _____ Social Security Number: _____ Date: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Have you ever worked or attended school under another name? ___ Yes ___ No If yes, what name? _____

Telephone number where you can be reached or a message left: (____) _____ (____) _____

Are you looking for a part() or full time() position? Are you willing to relocate? ___ Yes ___ No Preferred Location: _____

Position you are applying for: _____ Desired wage/salary: _____ When could you begin work? _____

Are you currently working? ___ Yes ___ No May we contact your current employer? ___ Yes ___ No

Have you worked at one of our companies before? ___ Yes ___ No If yes, when & where? _____

Are you legally eligible to work in the United States? ___ Yes ___ No Are you willing to travel? ___ Yes ___ No Number of Nights Per Month _____

Do you have a valid drivers license? ___ Yes ___ No Class of license? _____ State issued? _____ License# _____

How were you referred to us? _____ (Please be specific)

Educational Record:	Name & Location of School	Years Completed	Course of Study	Degree Received
High School				
Technical School				
College				
Other				

List trade and professional certificates in which you have recognized proficiency or license: _____

Military Service:

Years of Active Duty _____ Branch _____ Reserve Status _____

Highest Rank Attained _____ Major Duties _____

What if any, special training did you receive while in the military? _____

General Information:

Have you ever been convicted of a felony offense? ___ Yes ___ No If yes, list date, charge & where convicted _____

Have you ever been terminated involuntarily? ___ Yes ___ No If yes, please explain _____

What is most important to you in terms of your career? _____

Where do you see yourself in two years? _____

Rank in priority 1-6, 1 being most important: Benefits _____ Money _____ Location _____ Advancement _____ Challenge _____ Security _____

Work History: (Start with your most current employer)

Present/Last Employer, Address & Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Job Title: _____ Nature of Duties: _____

Reason for Leaving: _____ Supervisor Name & Title: _____

Previous Employer, Address & Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Job Title: _____ Nature of Duties: _____

Reason for Leaving: _____ Supervisor Name & Title: _____

Previous Employer, Address & Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Job Title: _____ Nature of Duties: _____

Reason for Leaving: _____ Supervisor Name & Title: _____

Please explain any breaks in your employment history: _____

List any special training or skills, which relate to the position applied for (i.e. safety): _____

List the specialty equipment or computer applications you are familiar with: _____

References: List three references to whom you are not related to and who are qualified to judge your work capabilities.

Name:	Occupation:	Phone:

Pre-Employment Statement:

It is understood and agreed that any misrepresentation or incorrect information by me in this application will be sufficient cause for the application to be rejected or separation from the company's services. I hereby authorize any person to furnish information in their possession concerning my former employment, M.V.R. or other necessary background information, unless otherwise indicated in this application, and I hereby release such person from any and all liability arising there from. I agree to submit and pass a pre-employment drug screen/physical and if hired, to random drug screens/physicals thereafter, by a laboratory selected by the Company. I understand that, if hired, any employment is at an will basis, and that the company can terminate my employment at any time and for any reason. I also understand that no representative has any authority to make any promise or representation to the contrary and I will not rely on any such promise or representation. I hereby authorize the Company to deduct advances, charges for personal purchases on Company accounts, and other amounts owed to the Company from salary either during employment or from termination pay. If employed, I will provide proof of my identity and authorization to work.

Signature of Applicant

Date

Please list any questions you may have or topics you would like addressed during your interview:

