

# Application for Employment | **The Mitchel Group**

Prospective employees will receive consideration without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you interested in:    Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Are you available to work:    Days <input type="checkbox"/> Evenings <input type="checkbox"/>	
How did you learn about us?			
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"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Are you over 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, date of birth?	
Have you been convicted of a felony in the past 5 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	_____
			_____
			_____

<b>EDUCATION</b>			
High School		City, State	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City, State	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City, State	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>SPECIAL SKILLS AND QUALIFICATIONS</b>
<i>Please summarize your qualifications and special skills which support your application for this position.</i>

**REFERENCES***Please list three references.*

Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

Do you know anyone currently working for the Mitchel Group? YES  NO  If yes, who?

**EMPLOYMENT HISTORY**

Company	Job Title
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employed from: to:	Supervisor Phone ( )
Rate/Salary starting: ending:	Reason for leaving

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Employed from: to:	Supervisor Phone ( )
Rate/Salary starting: ending:	Reason for leaving

**MILITARY SERVICE (IF APPLICABLE)**

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

**WORK ENVIRONMENT**

Describe an occasion when you were very satisfied with your employment. What factors contributed to your satisfaction?

**ACHIEVEMENTS**

Please describe one or more of your significant work achievements

**PROFESSIONAL LICENSES, CERTIFICATES, OR DESIGNATIONS**

Type	State	License Number	Expiration Date

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I certify that the information on this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge whenever it is discovered.**

I authorize the release of any and all information concerning my previous education/employment and any pertinent information that my prior employers/schools may have, personal or otherwise. I also understand that The Mitchel Group may conduct a background check on me in areas appropriate to my employment but beyond my personal and professional references offered. I release all parties from liability for any damage that may result from providing the above information to The Mitchel Group.

I understand statements which may be contained in policies, practices, handbooks, and other company material do not create any contract, express or implied, or guarantee of employment. I understand that The Mitchel Group has the absolute and unconditional right to modify, amend, or terminate policies, practices, benefit plans, and other company programs as it sees fit.

In consideration of my employment, I agree to conform to the rules, regulations, and policies of The Mitchel Group and agree that my employment and compensation may be terminated at any time, either by myself or the company, with or without cause. I understand that no representative of the company, other than the CEO of The Mitchel Group has any authority to enter any agreement for employment for any specified period of time, or the make any agreement contrary to this document. Any such agreement must be in writing and signed by the CEO or designee.

**I understand that the company has a drug free policy and that prior to and during the length of employment I may be required, to the extent permitted by law to take a physical examination and/or a drug and alcohol screen (or similar examination) as a condition of hiring and continued employment.**

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Signature

Date