

**MICOR ENTERPRISES, INC.
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

PERSONAL INFORMATION

Name:

_____ Last _____ First _____ Middle _____

Address:

_____ Street _____ City _____ State _____ Zip Code _____

_____ Telephone _____ Cell Phone _____ Social Security # _____

Mailing Address, if different:

_____ Street or P.O. Box _____ City _____ State _____ Zip Code _____

Position Applied For: _____

1. Is there any information about your name or use of another name that we would need for use in checking your employment record? _____ Yes _____ No
If yes, please specify: _____

2. Do you have any relatives who are presently (or have formerly been) employed by Micor Enterprises, Inc?
_____ Yes _____ No
If yes, please list: Name: _____ Relationship: _____

3. How were you referred to Micor Enterprises, Inc.? _____

4. Have you ever been convicted of a felony? _____ Yes _____ No
If yes, please explain: _____
A positive response is not an automatic bar to employment with Micor Enterprises, Inc. The offense for which the person was convicted in relation to the position for which they applied will be considered.

5. If hired, can you present evidence of U.S. citizenship or your legal right to work in this country?
Yes _____ No _____
Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

6. Are you at least 18 years of age? Yes _____ No _____

7. Do you have a valid driver's licence? Yes ___ No ___ If yes, list any restrictions or negative points _____

8. List your driver's license number below, as well as any other licenses and certificates you possess that authorize you to practice a specific trade or profession.

Type	License/Certificate Number	Issued By

9. Do you have reliable transportation? Yes _____ No _____

10. List any days of the week or hours you are unable to work: _____

PHYSICAL RECORD

Are you physically able to perform the tasks required for the position for which you are applying?
Yes _____ No _____

EDUCATIONAL HISTORY

School Name/Location	Years Completed	Degree/Diploma
Elem./Jr. High _____ Address _____ City/State/Zip _____	_____	_____
High School _____ Address _____ City/State/Zip _____	_____	_____
College _____ Address _____ City/State/Zip _____	_____	_____
Tech. Training or Other _____ Address _____ City/State/Zip _____	_____	_____

EMPLOYMENT RECORD (Begin with current or most recent employer)

1. _____

Company Name (Current or Most Recent Employer)	Position Held
Address _____ City _____ State _____ Zip _____	
Was this position full time? Yes _____ No _____	
Dates Employed: From: _____ To: _____	
Manager/Supervisor _____	
Telephone _____	Ending Salary: _____
Reason For Leaving: _____	

2. _____

Company Name	Position Held
Address _____ City _____ State _____ Zip _____	
Was this position full time? Yes _____ No _____	
Dates Employed: From: _____ To: _____	
Manager/Supervisor _____	
Telephone _____	Ending Salary: _____
Reason For Leaving: _____	

3. _____

Company Name	Position Held
Address _____ City _____ State _____ Zip _____	
Was this position full time? Yes _____ No _____	
Dates Employed: From: _____ To: _____	
Manager/Supervisor _____	
Telephone _____	Ending Salary: _____
Reason For Leaving: _____	

REFERENCES (Please do not include relatives or former employers)

1. _____	_____	_____	_____
Name	Occupation	Years Known	
Address _____	City _____	State _____	Zip Code _____
Telephone _____			
2. _____	_____	_____	_____
Name	Occupation	Years Known	
Address _____	City _____	State _____	Zip Code _____
Telephone _____			
3. _____	_____	_____	_____
Name	Occupation	Years Known	
Address _____	City _____	State _____	Zip Code _____
Telephone _____			

EMERGENCY CONTACT INFORMATION

In case of emergency notify:

_____	_____
Name	Phone
_____	_____
Address	City, State, Zip

Relationship	

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision.

I understand that any employment relationship with this employer is "at will", which means that I may resign at any time and the employer may discharge me at anytime, with or without cause.

Applicant Signature: _____

Date: _____