



APPLICATION FOR EMPLOYMENT

DATE: _____
SSN: _____

PERSONAL INFORMATION

NAME: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____
 STREET CITY STATE

PERMANENT ADDRESS: _____
 STREET CITY STATE

PHONE NUMBER: _____
 CELLULAR HOME

REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____ DESIRED SALARY: \$ _____

EMPLOYED? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

EDUCATION

SCHOOL	NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECT STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ _____ WRITE _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

SPECIAL QUESTIONS:

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT _____ FEET CITIZEN OF U.S. YES NO
 WEIGHT _____ LBS * DATE OF BIRTH _____
 PLACE OF BIRTH (CITY) _____ STATE _____

* THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 (ADEA) PROTECTS INDIVIDUALS WHO ARE 40 YEARS OF AGE OR OLDER FROM EMPLOYMENT DISCRIMINATION BASED ON AGE.

* DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?
 * YOUR JOB WILL REQUIRE YOU TO BE ABLE TO PERIODICALLY LIFT WEIGHTS IN EXCESS OF 50LBS, CRAWL THROUGH CONFINED SPACES, WORK AT HEIGHTS IN EXCESS OF 34-FEET, AND WEAR A RESPIRATOR WHILE PERFORMING CERTAIN TASKS. IN ACCORDANCE WITH OSHA HEALTH AND SAFETY REGULATIONS, ALL PERSONNEL THAT ARE REQUIRED TO USE RESPIRATOR FOR WORK, MUST HAVE A CLEAN SHAVEN FACE.
 * DO YOU HAVE ANY PERSONAL CONSIDERATIONS THAT WOULD PREVENT YOU FROM PERFORMING THE WORK AS DESCRIBED ABOVE?

WERE YOU EVER INJURED? YES NO GIVE DETAILS: _____

ALL EMPLOYEES WILL BE TESTED FOR ILLICIT DRUGS PRIOR TO BEGINNING WORK AND WILL BE SUBJECT TO RANDOM DRUG TESTING.



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DO YOU HAVE ANY DEFECTS IN HEARING YES NO IN VISION? YES NO IN SPEECH? YES NO

EMERGENCY NOTIFICATION:

NAME ADDRESS PHONE NO.

REFERENCES

PLEASE LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

PREVIOUS EMPLOYMENT

COMPANY:					PHONE:	
ADDRESS:					SUPERVISOR:	
JOB TITLE:		FROM		TO		REASON FOR LEAVING

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

COMPANY:					PHONE:	
ADDRESS:					SUPERVISOR:	
JOB TITLE:		FROM		TO		REASON FOR LEAVING

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

COMPANY:					PHONE:	
ADDRESS:					SUPERVISOR:	
JOB TITLE:		FROM		TO		REASON FOR LEAVING

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IF FOR NO DEFINITE PERIOD AND MANY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

NEATNESS _____

PERSONALITY _____

HIRE: _____ FOR DEPT: _____ POSITION: _____ WILL REPORT: _____ SALARY: \$ _____

APPROVED (1) _____ (2) _____ (3) _____

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAS BEEN INCLUDED ONLY WHERE NEEDED TO BE DETERMINE A BONA FIDE OCCUPATIONAL QUALIFIC OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTION AS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS. THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEAREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.



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DRIVER EVALUATION FORM

NAME: _____ DATE: _____

A. DRIVING

HOW MANY YEARS HAVE YOU BEEN DRIVING?

- LESS THAN 4
- 5 - 8 YEARS
- 9 OR MORE YEARS

B. WORK HISTORY

HOW MANY JOBS HAVE YOU HAD IN THE LAST FIVE (5) YEARS?

- NONE
- 1
- 2
- MORE THAN 2

C. ACCIDENTS

HOW MANY ACCIDENTS HAVE YOU HAD IN THE LAST :

NONE

- 1
- 2
- 3

D. MAJOR MOVING VIOLATIONS (WITHIN LAST THREE (3) YEARS)

- 1. HOW MANY HIT & RUN? _____
- 2. HOW MANY DUI (INCLUDING BREATHALYZER REFUSED)? _____
- 3. HOW MANY FELONY, HOMICIDE OR MANSLAUGHTER INVOLVING USE OF MOTOR VEHICLE? _____
- 4. HOW MANY RACING OR EXCESSIVE SPEEDS (15 MPH OVER LIMITS)? _____
- 5. HOW MANY RECKLESS, NEGLIGENT OR CARELESS DRIVING? _____
- 6. HOW MANY LICENSE SUSPENSIONS OR REVOCATIONS? _____
- 7. HOW MANY SPEEDING TICKETS? _____
- 8. HOW MANY OTHER MOVING VIOLATIONS IN THE LAST THREE (3) YEARS?
 - NONE
 - 1 OR 2
 - 3 OR OVER



APPLICATION FOR EMPLOYMENT

MVR RELEASE CONSENT FORM

APPLICANT EMPLOYEE

This consent form applies to The Morin Company, LLC or CT/HX, LLC ("the companies").

I hereby consent to the release of my Motor Vehicle Records (MVR) to ("the companies").

I understand ("the companies") will obtain and review these records as needed to evaluate my suitability to fulfill duties that may be related to a position for which I am applying, or for a position I am currently employed to perform for ("the companies").

I also consent to the review, evaluation, and other use of any MVR I may have provided to ("the companies").

Printed Name:

Signature:

Driver License Number:

Date of Birth:

State:

Employee :

This consent is granted for the duration of my employment with ("the companies").

Initials: _____

Date: _____