

Date _____ / _____ / 2007

CONTACT

NAME: _____
 Last First Middle
 Email Address: _____ Social Security # _____ - _____ - _____
 Telephone 1 () _____ - _____ Cell Home
 Telephone 2 () _____ - _____ Cell Home Messages
 Street Address _____ Apt. # _____
 City _____ State _____ Zip _____

How did you learn of our organization? TWC AJB Other: _____
 Have you ever applied for employment with our company? Yes No If Yes: Month & Year _____
 Are you authorized to work in the United States? Yes No Are you over the age of 18 years? Yes No
 Have you ever been convicted of a felony, or have you ever pleaded "no contest" "no lo contendre" to a crime? Yes No
 If Yes explain: _____
 Do you require any accommodations in order to perform the work? Yes No If Yes: _____
 Driver License Number & Issuing State: _____
 Have you received a moving traffic violation that may be pending sentencing or may not appear on your driving record as of the signed date of this application? Yes No
 If Yes, explain: _____

POSITION DESIRED

Title	Earnings \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week
SHIFT AVAILABLE <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd COMMENTS:	Are you available to work overtime when required? <input type="checkbox"/> Yes <input type="checkbox"/> No

What are your strongest qualifications? _____

REFERENCES

Please list two business references.

Name	Address	Occupation	Telephone
_____	_____	_____	_____
Name	Address	Occupation	Telephone
_____	_____	_____	_____

EMERGENCY CONTACT

Name	Address	Telephone
_____	_____	_____

EDUCATION

	Name & Location of School	Course of Study	Years Attended	Did you Graduate?	Type of Training or Degree Obtained
High School					
College					
Trade/ Business					
Other					

Please give accurate, complete full-time or temporary employment record. Start with present or most recent employer. Use additional sheets if necessary.

EMPLOYMENT HISTORY

1	Company	Telephone () _____
	Address	Employed (state month/year)
	Job Title Supervisor	From _____ to _____
	Reason for leaving	Pay:
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	start _____ last _____
2	Company	Telephone () _____
	Address	Employed (month/year)
	Job Title Supervisor	From _____ to _____
	Reason for leaving	Pay:
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	start _____ last _____
3	Company	Telephone () _____
	Address, City, State:	Employed (month/year)
	Job Title Supervisor	From _____ to _____
	Reason for leaving	Pay:
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	start _____ last _____
1	Company	Telephone () _____
	Address, City, State:	Employed (month/year)
	Job Title Supervisor	From _____ to _____
	Reason for leaving	Pay:
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	start _____ last _____

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. Questions regarding the above statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristics protected by Federal, State, or Local law. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. If hired, I agree to abide by all of the company rules and regulations. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

In addition, Should this application be completed electronically, I authorize MTZ to utilize my type written name below as my electronic signature.

Signature of Applicant: _____ Date: ____/____/____

EMPLOYMENT CONTINGENCY FORM

MTZ Business Consultants, Inc. (the company, "MTZ") hereby notifies you that employment is contingent pending the return of certain pre-employment results. These reports are obtained state, federal and private consumer reporting agencies. **It is our normal business practice to limit the consumer report to driving records and/or criminal background investigations.** The following is a list of the state and federal services or agencies which may be utilized as part of this background investigation:

BACKGROUND INVESTIGATIONS

STATE: Applicable State Departments of Motor Vehicles / Secretary of State / Licensing

Purpose: Pre-employment and annual driver's license OR state identification card inquiries to verify the accuracy of personal information submitted by an individual including certifications.

STATE: State Police or public safety for the state for current or previous residence.

Purpose: Pre-employment criminal background investigation of employees upon hire.

FEDERAL DAC. Services: 4500 South 129th East Ave, Suite 200, Tulsa, OK 74134-5885 (800) 381-0645

Purpose: National driver's license verification (non-Michigan employees).

Purpose: Federal Criminal background investigation of all employees upon hire.

INSURANCE Insurance Information Exchange: 3001 East ByPass, College Station, TX 77845 (800) 683-8553

Purpose: Verify driver's license upon hire & periodically for insurance underwriting.

PHYSICAL Drug and Physical Evaluations Testing Methods vary by State and location

Purpose: Pre-employment substance abuse verification of employees upon hire.

Purpose: Pre-employment physical verification of employees upon hire.

I understand that my employment is contingent upon completion of favorable results of background checks, drug / physical evaluations, or any other contingencies the employer needs to include. Should an offer of employment be made, and the authorized results are unfavorable, the employment will be considered terminated. Furthermore, I acknowledge this document is not an employment contract and does not affect the "at will" status of my employment with the MTZ.

I voluntarily authorize MTZ, Inc. to obtain a consumer report(s) for the purposes of drivers license inquiries and/or criminal background investigations) regarding me in connection with my application for employment or continuing employment without any additional notice. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt. I understand that I have a right to dispute any inaccurate information by directly contacting the agency that provided the consumer report. In addition, I authorize MTZ and representative to obtain information from the agencies listed above, and any other agencies as may be required.

MTZ is committed to providing a safe work environment for all employees. When employees are impaired due to the use of drugs or alcohol, they become a safety hazard to themselves and others in the workplace. Our company provides for a drug screen in support of a drug free workplace. Substance abuse screening may be conducted for the following reasons: (1) Pre-employment—as a condition for employment (2) Continuation or advancement in employment, (3) Announced (periodic) or unannounced (random), (4) Suspicion of impairment or unusual/inappropriate behavior, and (5) especially after a critical incident which may include an injury, accident, or medical emergency, etc. **In addition, Should this application be completed electronically, I authorize MTZ to utilize my type written name as my electronic signature.**

PRINT FULL NAME

_____/_____/_____
TODAY'S DATE

Signature

MATERNAL or other NAMES on RECORD

Drivers License Number and State

DATE of BIRTH