



MULTI-SERVICE CENTER

MULTI-SERVICE CENTER EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or another designated company representative.

Please Print.

Today's Date: \_\_\_\_\_

GENERAL INFORMATION

FULL NAME: \_\_\_\_\_  
First Middle Last

EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Are you currently working? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Do you have any family members or relatives working at MSC? Explain: \_\_\_\_\_

*\*Proof of eligibility documentation must be provided at the time of hire as required by law.*

EMPLOYMENT DESIRED

Position Applied For: \_\_\_\_\_

Do you want to work:  FULL-TIME  PART-TIME  SEASONAL

Specify days and hours available: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Salary Expectations: \$ \_\_\_\_\_  HOUR  SALARY

Have you applied for employment with MSC within the last 12 months? YES NO

Have you ever worked for MSC before YES NO

If yes please provide your name of record at that time, job title, and dates of employment): \_\_\_\_\_

Do you speak, write, or understand any language other than English? YES NO

If yes, a list which language(s) and how fluent you consider yourself to be: \_\_\_\_\_

How did you hear about us:  MSC Website  Indeed  Worksource  Referral  Other \_\_\_\_\_

If an MSC employee referred to you, please list their name here: \_\_\_\_\_

**BACKGROUND CHECK CONSENT**

If asked, are you willing to consent to a background check?      YES      NO

**EDUCATION**

List education if it is related to the job for which you are applying.

	High School	Associate's degree	Bachelor's degree	Graduate School Master, Doctoral, PhD
School Name				
Years Completed				
Did you graduate?				
Diploma Degree Certificate				

**SPECIAL SKILLS/ADDITIONAL TRAINING**

Please describe any special job-related skills and qualifications acquired from employment, other education, volunteer experiences, etc. Do not include experiences that would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status regarding public assistance, membership, or activity in a local commission, disability, or age.

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Has your employment with any employer ever been involuntarily terminated?      YES      NO

If yes, please identify the employer, date of termination, and reason for termination: \_\_\_\_\_

Will you be able to perform the job's essential functions, with or without reasonable accommodation?

YES    NO

**EMPLOYMENT HISTORY**

(Please Start with Your Present or Most Recent Position and Include Voluntary Work and Military Experience)

NAME OF EMPLOYER: _____	ADDRESS: _____
TELEPHONE NUMBER ( _____ )	POSITION: _____
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR: _____ EMAIL ADDRESS: _____
REASON FOR LEAVING: _____	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF EMPLOYER: _____	ADDRESS: _____
TELEPHONE NUMBER ( _____ )	POSITION: _____
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR: _____ EMAIL ADDRESS: _____
REASON FOR LEAVING: _____	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF EMPLOYER: _____	ADDRESS: _____
TELEPHONE NUMBER ( _____ )	POSITION: _____
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR: _____ EMAIL ADDRESS: _____
REASON FOR LEAVING: _____	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF EMPLOYER: _____	ADDRESS: _____
TELEPHONE NUMBER ( _____ )	POSITION: _____
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR: _____ EMAIL ADDRESS: _____
REASON FOR LEAVING: _____	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

Please provide the names of **three business** references who are not related to you.

	Name	Phone Number	Email address	Your work relationship with this person
1.				
2.				
3.				

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify that the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application, or my being invited to participate in any stage of the hiring process, is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment-at-will, cannot be modified in any way without the express written intent to do so by the CEO of this organization.
- I understand that any offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors, company personnel, schoolbooks, and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, the performance of duties and compliance with policies. I authorize my prior employers to provide this Company with any job-related information, personal or otherwise, they may have regarding me, and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools, and other persons to provide any information or transcripts that may be requested by this Company, which will be used to determine if I am qualified to perform the job duties for which I am applying.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant