APPLICATION FOR EMPLOYMENT



DATE OF APPLICATION:/				ALL QUESTIONS ON THIS FORM MUST BE COMPLETED. PLEASE PRINT AND USE INK.			
PERSONAL INFORMATIO	N						
NAME:	First	Middle		SOCIAL SEC		MBER	
ADDRESS:	LIISI	Wildlie		CELL PHON	- E:		
CITY, STATE, ZIP	CITY, STATE, ZIP			Home Phone:			
DATE OF BIRTH:				E-MAIL:			
WHERE DID YOU HEAR ABOU	T MTE?						
	High Scho	00L		College/University			
SCHOOL NAME							
YEARS COMPLETED	9 10	11 12		1	2	3	4
DIPLOMA / DEGREE							
Describe specialized trainin	g, apprenticeship, skills and ext	ra-curricular activities:					
EMPLOYMENT HISTORY							
PLEASE LIST PRESENT AND PAST	Γ EMPLOYMENT, BEGINNING WITH THE MC	OST RECENT POSITION					
COMPANY NAME	Emileo military beominino with the mo	ST RECENT COMON.	FRO	M		То	
Address:	Address:		Сіту	CITY, STATE, ZIP:			
PHONE:	SUPERVISOR NA	ME:	Түр	PE OF BUSINESS			
REASON FOR LEAVING:	I		STA	RTING HOURL	y Wage	En	DING HOURLY WAGE
JOB TITLE:	Describe your	Duties:					
MAY WE CONTACT THIS EMP	LOYER?						
COMPANY NAME			FRO	М		То	
ADDRESS:			Сіту	CITY, STATE, ZIP:			
PHONE:	SUPERVISOR NA	ME:	Түр	TYPE OF BUSINESS			
REASON FOR LEAVING:			STA	RTING HOURL	y Wage	En	DING HOURLY WAGE
JOB TITLE:	DESCRIBE YOUR	DUTIES:					
MAY WE CONTACT THIS EMP	LOYER?						
PLEASE SEE OTHER SIDE							

COMPANY NAME		FROM	То				
Address:		CITY, STATE, ZIP:					
PHONE:	SUPERVISOR NAME:	TYPE OF BUSINESS	TYPE OF BUSINESS				
REASON FOR LEAVING:	<u> </u>	STARTING HOURLY WAGE	ENDING HOURLY WAGE				
JOB TITLE:	DESCRIBE YOUR DUTIES:	I					
MAY WE CONTACT THIS EMPLOYER?							
GENERAL INFORMATION							
ARE YOU PREVENTED FROM LAWFULLY BECOMING EM UPON EMPLOYMENT.)	PLOYED IN THIS COUNTRY BECAUSE OF VISA C	OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMM	NIGRATION STATUS WILL BE REQUIRED				
□ NO □ YeS (PLEASE EXPLA	un)						
			_				
	_		_				
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE	LAST SEVEN YEARS? (CONVICTIONS WILL NO	OT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYME	ENT.)				
■ No ■ Yes (PLEASE EXP			,				
NOTICE TO APPLICANTS:							
information on this application to dis	scriminate against an individual wit	the Americans With Disabilities Act of 199 th respect to their compensation, terms, cor marital status, sexual orientation or disabilit	nditions, or privileges of				
The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal and employment history, and financial and credit record through any investigative or credit agency(ies) or bureaus of your choice.							
It is also understood that Oasis / Mas-Tek Engineering & Associates, Inc., reserves the right to unilaterally abolish or modify any personnel policy without prior notice. In consideration for employment, I agree to conform to the rules and regulations of Oasis & MTE and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either MTE or myself.							
		or joint consensus of the Board of Director me, or to make any agreement contrary to the					
Signature:		Date:					
		without regard to race, color, religion, sex, national	origin, age, marital or veteran				
status, the presence of a non-job-related medic	at condition or any other legally protects	ed status.					