



## PRE-EMPLOYMENT APPLICATION

The Masonic Home for Children at Oxford is an equal opportunity employer and will consider all applications for all positions equally without regard to race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner, as no action can be taken on this application until all questions have been answered.

Date \_\_\_ / \_\_\_ / \_\_\_

### PERSONAL:

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Present Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you over 21? Yes  No

Marital Status  Married  Single  Divorced  Widow/Widower

Number of Children:  Age of Children \_\_\_\_\_ Number living with you

Are you a citizen of the U.S., or do you have the legal right to be employed in the United States? Yes  No

Have you ever been charged with any crime (excluding minor traffic violations), including DWI? Yes  No

Have any allegations of abuse/neglect ever been filed against you? Yes  No

If yes, state the offense, location, date and disposition \_\_\_\_\_

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel, if travel and/or overtime are required by the job for which you are applying? Yes  No

If no, please explain \_\_\_\_\_

Driver's License: State and Number \_\_\_\_\_ Type \_\_\_\_\_

Currently valid? Yes  No

**REGARDING YOUR INTEREST IN EMPLOYMENT:**

Are you seeking  full-time  part-time  temporary or summer employment?

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to our agency before? Yes  No

Have you ever worked for our agency before? Yes  No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

Has your spouse or any member of your immediate family ever been employed at MHCO? Yes  No  If "yes", please list relationship and years of employment \_\_\_\_\_

Are they presently employed at MHCO? Yes  No

How did you learn of our agency and/or position? \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job? Yes  No

Are there any days or hours you would be unable or unwilling to work? Yes  No

If yes, please specify those days or hours you would be unable or unwilling to work \_\_\_\_\_

**EDUCATION:**

Name, Address, Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College (Undergraduate Studies)	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Graduate School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

List and describe any other school or specialized training \_\_\_\_\_

**MILITARY:**

Have you ever served in the military? Yes  No

Are you an active member of the National Guard or Reserve? Yes  No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

**CAPABILITY/RELIABILITY:**

Have you filed any type of claim against any of your present or past employers? Yes  No

If yes, explain \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

STREET CITY STATE/ZIP DATE HIRED SALARY

Name of Supervisor and position \_\_\_\_\_

DATE LEFT SALARY

Job title and description of duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

STREET CITY STATE/ZIP DATE HIRED SALARY

Name of Supervisor and position \_\_\_\_\_

DATE LEFT SALARY

Job title and description of duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

STREET CITY STATE/ZIP DATE HIRED SALARY

Name of Supervisor and position \_\_\_\_\_

DATE LEFT SALARY

Job title and description of duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**SUPPLEMENTAL EMPLOYMENT INFORMATION:**

If you worked in any of your previous positions under another name, please give the name(s).

Are you presently employed? Yes  No

If yes, may we contact your present employer? Yes  No

Have you ever been terminated, or asked to resign, from a job? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**SPECIAL SKILLS**

Have you had any computer or word processing experience or training? Yes  No

If yes, please describe \_\_\_\_\_

Briefly state why you are interested and/or qualify for this position \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give three references (not relatives) including your current or most recent supervisor:

Name	Address	Phone

**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge, or grounds for no further consideration.

I hereby authorize MHCO to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of this inquiry. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by the policies and regulations of the agency. I understand that the position I have applied for requires that I submit to drug and/or alcohol screening pursuant to agency policy. If tests results are positive, I will no longer be considered for employment. Even if I have been offered a position, the finding of a positive drug or alcohol result will void such offer for employment. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. Appropriate background checks will be done and any arrest or conviction which, in the opinion of the Administrator, would result in questions/concerns regarding my ability to perform this job successfully for MHCO will result in termination of employment. I further understand that nobody in the agency is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Administrator. I also understand that my employment is "at-will" and may be terminated by myself or by the agency at any time for any reason or no reason at all, with or without prior notice. The agency provides feasible liability insurance for certain positions and employees, depending upon assigned responsibilities. Information in this regard is available from the Human Resources Office.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AGENCY USE ONLY**

Interviewed by:

Interviewer's remarks:

\_\_\_\_\_

Is the operation of a company vehicle a job requirement? Yes  No

If yes to above, has a request for a driver's record been made? Yes  No