



PRE-EMPLOYMENT APPLICATION

Date: _____

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, color, religion, sex, sexual orientation, gender identity, marital status, national origin, age, genetic information, 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.

APPLICANT INFORMATION

Name: _____
Last First Middle

Preferred Name: _____ Email: _____

Address: _____
Street City State Zip Code

Social Security No.: _____ - _____ - _____ Home Phone: (_____) _____

Driver's License Number: _____ License State: _____ Type: _____

Is Driver's License Currently Valid: Yes No Are you over 21: Yes No

EMPLOYMENT INTEREST INFORMATION

Seeking: Full-Time Employment Part-Time Employment Temporary or Summer Employment

Position Applying 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 you answered yes, to either question above, state when and where you applied and/or worked:

How did you learn about MHC O and/or position: _____

Do you expect to be working (either now or in the future) in secondary employment: Yes No

PERSONAL INFORMATION

Are you legally authorized to work in the United States: Yes No

Have you ever been charged with: A Misdemeanor (Other than a traffic violation) Yes No

A Felony Yes No

If yes, state the offense, location, date and disposition: _____

Have you ever been terminated, or asked to resign from employment? Yes No

If yes, please explain: _____

If you have worked under another name at a previous employer, please provide the name below:

AVAILABILITY

Are there any dates or hours you would be unavailable to work? Yes No

If yes, please record the times are you unavailable to work in the space below (please include AM and PM):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

Name and Address of School (High School, College, University, Graduate School, Post Graduate School)	Degree Earned	Major	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List and describe any other school or specialized training: _____

VETERAN STATUS

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

PREVIOUS EMPLOYMENT HISTORY

EMPLOYER #1

Previous Employer: _____ Phone: _____

Job Title: _____ Begin and End Date: _____

Address: _____

Starting Salary: _____ Ending Salary: _____
Street City State Zip Code

Supervisor Name: _____ Supervisor's Job Title: _____

Primary Job Duties: _____

Reason for Leaving: _____

Was disciplinary action taken against you in this position: Yes No

If yes, explain disciplinary action taken: _____

May we contact this supervisor: Yes No

If no, please explain: _____

EMPLOYER #2

Previous Employer: _____ Phone: _____

Job Title: _____ Begin and End Date: _____

Address: _____

Starting Salary: _____ Ending Salary: _____
Street City State Zip Code

Supervisor Name: _____ Supervisor's Job Title: _____

Primary Job Duties: _____

Reason for Leaving: _____

Was disciplinary action taken against you in this position: Yes No

If yes, explain disciplinary action taken: _____

May we contact this supervisor: Yes No

If no, please explain: _____

EMPLOYER #3

Previous Employer: _____ Phone: _____

Job Title: _____ Begin and End Date: _____

Address: _____

Starting Salary: _____ Ending Salary: _____
Street City State Zip Code

Supervisor Name: _____ Supervisor's Job Title: _____

Primary Job Duties: _____

Reason for Leaving: _____

Was disciplinary action taken against you in this position: Yes No

If yes, explain disciplinary action taken: _____

May we contact this supervisor: Yes No

If no, please explain: _____

ADDITIONAL INFORMATION

List any specialized skills that are relevant to the position you are applying for: _____

Briefly state why you are interested and/or qualify for the position you are applying for: _____

Do you have relatives or friends that are employed at MHCO? Yes No

If yes, please list the name(s), relationship(s) and department relative/friend has worked in:

Name	Relationship	Department
Name	Relationship	Department
Name	Relationship	Department

EMPLOYMENT/PROFESSIONAL REFERENCES

Name	Title	Company
	Phone	Address
Name	Title	Company
	Phone	Address
Name	Title	Company
	Phone	Address

CERTIFICATION/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: _____



APPLICABLE ONLY TO CCW POSITIONS

Date: _____

Name: _____
Last First Middle

Preferred Name: _____

Are you able to provide verification of your marital status: Yes No

How long have you been currently married: _____ Number of Dependents Living with you: _____

DEPENDENT INFORMATION:

Name	Age	Relationship

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.

Signature

Date