



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Where did you hear about us? La Subasta ___ La Voz ___ Craigslist ___ Backpage ___ Other: _____

Position(s) applied for _____ Date of application _____

Name
Last First Middle

Address
Street City State Zip Code

Telephone # () Mobile/Beeper/Other Phone # () Social Security #

If you are under 18, and it is required, can you furnish a work permit? _____ Yes _____ No

If no, please explain _____

Have you ever been employed here before? _____ Yes _____ No

Date available for work _____ / _____ / _____

Are you able to meet the attendance requirements of the position? _____ Yes _____ No

Have you been convicted of a crime in the last seven (7) years? _____ Yes _____ No

If yes, please explain _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

From To Employer Telephone ()

Job Title Address

Immediate Supervisor and Title Summarize the nature of work performed and job responsibilities

Reason for leaving Hourly Rate/Salary Start \$ Per Final \$ Per

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Reason for leaving Hourly Rate/Salary Start \$ Per Final \$ Per

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School			
College		Major	Degree
Other			

References

Name	Telephone	Years known
	()	
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVE FOR SEEKING GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS AT THE CONCLUSION OF THIS TIME. IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date



Services Request Form

Tel: 713.880.3693 * 888.636.3693

Fax: 713.880.3694 * 888.636.3694

Company Name: M & M Erectors		Requested By:
Date:	Telephone Number:	Fax Number:

Authorization For Release of Information:

In connection with my employment application for employment, or contract for services with this company, I fully understand that this release acknowledges that this company may now, or at any time while I am employed, request a consumer report containing information for verification of background and personal character. I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all government agencies to release the abstract of driving records and/or said information without restriction or qualification. I authorize a Photostat of this release to be considered as effective and valid as the original.

This release shall be limited in its scope or purpose for reasons of business necessity. All results will be proprietary and kept confidential and will not be provided to any parties other than this company or its legal representatives or as required by law. I hereby declare the answers to the questions on my application and any attachments to be true and correct; that any misstatement of fact or omission may be the basis for rejection or revocation of my application for employment. I have the right, with proper identification to dispute the accuracy or completeness of any information contained in my report/files. Kress Employment Screening does not make or recommend employment decisions pertaining to my consumer report. To obtain a copy of my report or contest the content, I may call 1-888-636-3693.

This company is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age, or disability. I authorize Kress Employment Screening to provide the results of my consumer report to this company or its representatives. I further release this company and Kress Employment Screening, their officers, employees, and agents from any and all liability arising from the results and preparation of my consumer report. I have read or have had read to me this release form and I understand, consent, and agree to authorize the execution of this release in full by my signature this date.

As a resident of CA, MN, or OK - I am checking this box because I would like to receive a free copy of my investigative consumer report when complete.

New York Applicants Only - - Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested you may contact KRESS for a free copy of the report.

Services Requested:

- Civil - County
- Criminal - County
- Criminal - Federal
- Criminal - Sex Offender
- Criminal - Statewide
- Driving History
- SS Trace

Include a copy of Application/Resume for Education/Employment Verifications.

Income Range:

- Under \$75,000
- Over \$75,000

Signature:	Date:	Witness:
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To Be Completed By Applicant (Addresses Last Seven (7) Years	First Name:	Middle Name:	Last Name:	Maiden Name:
	Social Security Number:		Gender:	Date of Birth:
	Driver's License Number:		State:	Position:
	Current Address:	City:	State:	How Long?
	Previous Address:	City:	State:	How Long?
	Previous Address:	City:	State:	How Long?



Date: _____

I agree to undergo a pre-employment drug test performed by Employer or Occucare International. I also agree to have my criminal and driving history checked. I have tendered \$25.00 in cash prior to my testing.

I understand that my money will be refunded after a full week of employment only if I pass the drug test and my criminal history is satisfactory. It is understood and agreed that taking the drug test does not obligate the company or me to employment.

If you have taken any prescription medication in the last 30 days, please list: _____

Have you ever been arrested for anything other than traffic tickets? Yes ___ No ___

If yes, please give details: _____

I received my reimbursement
Money:

APPLICANT'S NAME (please print)

Signature: _____

APPLICANT'S SIGNATURE

Date: _____

COMPANY REPRESENTATIVE



Fecha: _____

Yo consiento tomar una prueba de droga antes del empleo realizada por el Empleador u Occucare International. También acepto que se verifique mi historial criminal y de manejo. He ofrecido \$25.00 en efectivo antes de la prueba.

Entiendo que mi dinero será devuelto después de haber completado una semana de trabajo y solamente si paso la prueba de droga y mi historial criminal es satisfactorio. Queda entendido y acordado que tomar la prueba de la droga no obliga a la empresa o a mí al empleo.

Si usted ha tomado cualquier medicamento recetado en los pasados 30 días, por favor de anotar: _____

¿Ha sido arrestado por alguna cosa que no sea infracciones de tráfico? Si ___ No ___

Si si, de por favor los detalles: _____

Recibi mi dinero de Reembolso:

NOMBRE DEL APLICANTE (imprima su nombre)

Firma: _____

FIRMA DEL APLICANTE

Fecha: _____

REPRESENTANTE DE LA EMPRESA