

MAPLE LEAF SERVICES, INC. APPLICATION FOR EMPLOYMENT

TO APPLICANT: WE APPRECIATE YOUR INTEREST IN EMPLOYMENT AT MAPLE LEAF SERVICES, INC. WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. WE WILL CONSIDER ALL APPLICANTS REGARDLESS OF RACE, CREED, COLOR, SEX, AGE NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

NAME: _____ DATE: _____
 (LAST) (FIRST) (MIDDLE)

STREET ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP)

HOME PHONE: _____ OTHER (SPECIFY) _____
 SOCIAL SECURITY NO. _____ STATE AGE IF UNDER 18 OR OVER 70 _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES NO

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? _____ IF YES, WHEN? _____

POSITIONS APPLIED FOR _____ PAY EXPECTED _____

FULL TIME PART-TIME SUBSTITUTE SHIFT: AM PM LATENIGHT

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____

HOW DID YOU LEARN ABOUT THIS POSITION? STAFF EMPLOYEE NAME: _____,
 PAPER , OR OTHER _____

DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? _____

ARE THERE ANY OTHER EXPEREINCES, SKILLS OR QUALIFICATIONS THAT YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR ORGANIZAITON?

RECORD OF EDUCATION

SCHOOL	NAME AND LOCATION OF SCOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
ELEMENTARY				YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGH				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER (SPECIFY)				YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER (SPECIFY)				YES <input type="checkbox"/> NO <input type="checkbox"/>	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT (PLEASE FILL OUT ALL INFORMATION ACCURATELY)

COMPANY NAME _____ SUPERVISOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____ _____	TELEPHONE _____ EMPLOYED FROM (STATE MONTH AND YEAR) TO _____ WEEKLY PAY START _____ LAST _____ REASON FOR LEAVING _____ _____ _____
COMPANY NAME _____ SUPERVISOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____ _____	TELEPHONE _____ EMPLOYED FROM (STATE MONTH AND YEAR) TO _____ WEEKLY PAY START _____ LAST _____ REASON FOR LEAVING _____ _____ _____
COMPANY NAME _____ SUPERVISOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____ _____	TELEPHONE _____ EMPLOYED FROM (STATE MONTH AND YEAR) TO _____ WEEKLY PAY START _____ LAST _____ REASON FOR LEAVING _____ _____ _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO IF NOT INDICATE THOSE YOU DO NOT WANT US TO CONTACT AND REASON. _____

PERSONAL REFERENCES (not former employers or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

MILITARY SERVICE RECORD (COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES)

BRANCH OF SERVICE _____ PERIOD OF ACTIVE DUTY FROM _____ TO _____

RANK AT DISCHARGE _____ DATE OF FINAL DISCHARGE _____

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING _____

OTHER INFORMATION

THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING, WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATION, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF AGE WITH RESPECT TO CERTAIN INDIVIDUALS. THE LAWS OF MOST STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

MARITAL STATUS: SINGLE MARRIED (MAIDEN NAME _____)

ARE YOU A U.S. CITIZEN? YES NO

WHAT WAS YOUR PREVIOUS ADDRESS?

HOW LONG AT PRESENT ADDRESS? _____ (YEARS)

HOW LONG AT PREVIOUS ADDRESS _____ (YEARS)

APPLICANT'S STATEMENT

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATION OF MAPLE LEAF SERVICES, INC.

I GIVE MAPLE LEAF SERVICES, INC. THE RIGHT TO INVESTIGATE MY REFERENCES AND ANY ADDITIONAL INFORMATION ABOUT ME, IF IT IS JOB RELATED. I HEREBY RELEASE FROM LIABILITY MAPLE LEAF SERVICES, INC. AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSON, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

MAPLE LEAF SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

THIS APPLICATION IS CURRENT FOR ONE YEAR. AT THE END OF THAT TIME, IT WOULD BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION IF I WAS STILL INTERESTED IN EMPLOYEMENT.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED _____

REFERENCES SENT/CALLED #1 _____ #2 _____ #3 _____ (EMPLOYMENT)

REFERENCES SENT/CALLED #1 _____ #2 _____ #3 _____ (PERSONAL)