

MRI Contractors of New York Inc.

Application for Employment

An Equal Opportunity Employer

PERSONAL INFORMATION

DATE: _____

NAME: _____ S.S.#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # (WITH AREA CODE): _____ *DATE OF BIRTH: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR BUSINESS SCHOOL	_____	_____	_____	_____

GENERAL

DO YOU HAVE YOUR OWN TRANSPORTATION? _____

EQUIPMENT YOU HAVE OPERATED: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____

RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

* THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

FORMER EMPLOYERS: (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE:

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE #

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE: SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

NOTES:

HIRED: YES NO

POSITION:

SALARY/WAGE:

START DATE: