

EMPLOYMENT APPLICATION

Please Print

An Equal Opportunity Employer

GENERAL									
Soc. Sec. No / /		Last name		First Name		Middle Initial		Date / /	
Street & Number				City		State		Zip	
Home Phone Number		Person to Notify in Case of Emergenc		Emergency Phone No		Are you under 21 Yrs. Old? Yes No			
Permanent Address				City		State		Zip	
Do you have any relatives working for MAA? Yes No If "yes" give name, relationship, department/locatic						If yes, list date of birth Mo. Day Yr. / /			
Have you ever been convicted of a felony? Yes No If "yes", expla									
Position Desirc		Please Permanent Check One Temporary		Please Full-Time Check One Part-Time		Hours Desired		Day You Can Start / /	
Do You have any mental or physical defects or ailments which would limit your performance in the position for which you are applying?						Have you had any illnesses injuries of surgery which might affect job performance?			
Have you previously been employed by MAA? Yes No		If yes, please complete this line From / to		Dates of employment-Mo/Yr		Name of Supervisor		Name at time of Employment	
U.S. Military Service		Active duty Mo./Yr. Mo./Yr. From / /		Reserve Duty Mo./Yr. Mo./Yr. From / /		Branch of Service		Reserve Status	
EDUCATION									
		Name and Address of School			Major	Minor	No. of Years Attended		Diploma/Degree
High School									
College									
Other (Specify)									
EMPLOYMENT (List present and past employment including military beginning with the most recent)									
Company/Type of Business:						Name of Superviso			
Type of Work				Phone #		From Mo. Yr.		To Mo. Yr.	
Duties Performec						Starting Pay		Ending Pay	
Reason for Leavinc									
Company/Type of Business:						Name of Superviso			
Type of Work				Phone #		From Mo. Yr.		To Mo. Yr.	
Duties Performec						Starting Pay		Ending Pay	
Reason for Leavinc									
Company/Type of Business:						Name of Superviso			
Type of Work				Phone #		From Mo. Yr.		To Mo. Yr.	
Duties Performec						Starting Pay		Ending Pay	
Reason for Leavinc									
May We Contact your present employer? Yes No									
PERSONAL REFERENCE (NOT FORMER EMPLOYERS OR RELATIVE)									
Name				Address				Phone	
Name				Address				Phone	
SIGNATURE									
If employed, I agree to comply with the rules and regulations of the Company. I affirm that all statements and answers are true and correct for the best of my knowledge and that I have not knowingly withheld any information that would affect my application unfavorably. I authorize this company to conduct any necessary and reasonable investigation with respect to my application and release this company, my former employers and personal references from any liability from damage caused by giving and receiving information or character. It is understood that any false statement may be considered sufficient cause for rejection or dismissal if employed.									
Signature _____									