



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Incomplete information may disqualify you from further consideration. Please complete all fields.

Name _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you at least 18 years or older? Yes No

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation of identity and citizenship or immigration status.)

EDUCATION

High School: Number of years completed (1 2 3 4) _____

Diploma: Yes No

G.E.D.: Yes No

School(s) _____ City/State _____

College and/or Vocational School: Number of years completed (1 2 3 4) _____

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

EMPLOYMENT DESIRED

Date you can start, if hired _____ Hourly rate/salary desired _____

Position desired _____

Are you currently employed? If so, may we contact your present employer? _____

If yes, please provide the company name and contact information for your current employer.

Have you ever been terminated from employment or asked to resign by an employer? ___ Yes ___ No

If yes, please provide company names and details.

Can you work any shift? ___ Yes ___ No

If no, please explain _____

Can you work overtime, including weekends? ___ Yes ___ No

If no, please explain _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___ Yes ___ No

(If you have any questions as to what functions are essential to the position for which you are applying, please ask before you answer this question.)

REFERRAL SOURCE

How did you hear about us? _____

Have you ever worked for MFM? ___ Yes ___ No If yes, please explain _____

Do you know anyone who works for our company? ___ Yes ___ No If yes, who? _____

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent. Incomplete information could disqualify you from further consideration.

Employer Name		
Dates of Employment	From	To
Job Title		
Summarize the nature of work performed and job		
Hourly Rate/Salary		
Reason for leaving		

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Attach additional sheets, if necessary.

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe):

DRIVING INFORMATION

Please answer the Driver's License section of this Employment Application only if driving is necessary for business travel purposes and/or driving is an essential job function of the job in which you are applying.

Do you have a valid driver's license? Yes No

Have you ever had a license, permit or privilege to drive suspended or revoked? __ Yes __ No
If yes, please
explain: _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

MFM Building Products Corp. (MFM) is an equal opportunity employer. MFM does not discriminate in employment on account of race, color, religion, sex, sexual orientation, gender identity or expression, transgender status, age, national origin, disability, or status as a disabled, recently separated, other protected, and Armed Forces service medal veteran (collectively, "protected veteran") or any other characteristic protected by law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for MFM to hire me. If I am hired, I understand that either MFM or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of MFM has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to MFM true and complete information on this application. No requested information has been concealed. I authorize MFM to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

AFTER COMPLETING FORM, SAVE TO YOUR COMPUTER. EMAIL COMPLETED FORM, AND RESUME (IF APPLICABLE) TO HR@MFMBP.COM.

**MFM Human Resource Department
hr@mfbmp.com**