



1016 Greg Street, Sparks, Nevada 89431
 (775) 356-1300 * FAX (775) 356-2333
 E-Mail: HR@METTEST.COM

APPLICATION FOR EMPLOYMENT

We provide equal employment opportunity to all individuals regardless of their race, color, creed, religion, gender, age, sexual orientation, national origin, disability, veteran status, or any other characteristic protected by state, federal, or local law.

**** PLEASE PRINT ****

Position(s) Applied for:		Date of Application:
How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
If a friend or relative, who? _____		<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City, State
		Zip
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

APPLICATION WILL BE KEPT FOR 30 DAYS

NAME: _____

POSITION: _____

DATE: ____ / ____ / ____

Education

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	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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1.	Employer Date: Address Telephone Number(s) Job Title Supervisor Reason for Leaving	Work Performed
2.	Employer Date: Address Telephone Number(s) Job Title Supervisor Reason for Leaving	Work Performed
3.	Employer Date: Address Telephone Number(s) Job Title Supervisor Reason for Leaving	Work Performed
4.	Employer Date: Address Telephone Number(s) Job Title Supervisor Reason for Leaving	Work Performed

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.):</p> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>
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Additional Information

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Other Qualifications
 Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills		List Skills in the following categories and/or Equipment Operated	
Office /Clerical Equipment <i>(such as PC, typewriter, fax, copier, calculator, etc)</i>	Software / Programs <i>(List software/programs skilled in; i.e., Microsoft, WordPerfect, etc.)</i>	Production / Machinery/ Mobile Devices	Other

State any additional information you feel may be helpful to us in considering you application.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

References

1. _____ () _____
Name Phone #

_____ *Address*

2. _____ () _____
Name Phone #

_____ *Address*

3. _____ () _____
Name Phone #

_____ *Address*

Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment: _____

Job Title

Department

Hourly Rate/
Salary

By _____

Name and Title

Date

NOTES: _____

NAME: _____

POSITION: _____

DATE: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for Is Open: Yes No

Position(s) Considered For: _____

Date: _____

NOTES:

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NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.