# Martin, Inc.



Date of Application: \_\_\_/\_\_/ Application will remain active for 30 days.

#### **EMPLOYMENT APPLICATION**

MARTIN considers applicants for all positions without regard to race, creed, color, citizenship, national origin, religion, sex, age, genetic and family medical history, disability, marital or veteran status, sexual orientation, or any other legally protected status.

#### PERSONAL HISTORY:

PERSONAL HISTOR	KY:				
Last Name	First	M	iddle Init	ial	
Present Address	City	Sta	ate	Zip	Phone Number
Previous Address	City	Sta	ate	Zip	Phone Number
Do the above addresses	cover at least 3 ve	ears?			If NO, list in additional info. on this
	J		YES	NO	form to include a minimum of 3 yrs.
Do you have the legal ri	ght to work in the	U.S.?		· -	Are you at least 18 years old?
20 Journal of the regular	9		YES	NO	YES NO
Have you been convicte	d of a crime withi	n the last (	5) years?		If YES, give explanation in space
(Conviction of a crime will not n		·	. , •		in additional info. on this form.
you from the job for which you a			YES	NO	
Have you previously wo	orked for an MAR	TIN comp	•	~	If YES, list Date/Place:
			YES		
Are you related to anyo	• •	loyed by ar	ı MARTI	N company?	YES NO
If YES, who and what r	elation?				
TT 1 0 1	1 MADEIN	1 0			TAXIDO LO
Have you been referred	by an MARTIN	employee?		NO	If YES, who?
D '4' D ' 1			YES	NO NO	
<b>Position Desired:</b>			Career	Goals:	
Date Available for Emp	olovment• /	1	Salary	Required: \$	
Dute Tivanable for Emp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			required. \$	
If Required, will you tra	avel?		Or Relo	ocate?	
1 / 1	YES	NO			ES NO
Will you work Overtim	e?		.1.		
V	YES	NO			
Specialized Skills/Equip	ment Operated:				
	<del>-</del>				
<b>Software Packages:</b>					
0.4					
Other:					

**Equal Opportunity Employer** 

	0 11 12 1 2 3 4		
Name of Institution City, State		ollege vel: Major:	
High School	, zip Graduntion Duter Degree Zev	11111011	
College			
Graduate or Other			
Technical			
EMPLOYMENT HISTORY: List present or most recent employer first (Include all work history.) **Complete ALL information requested. "SEE RE	May we contact your present employer? May we contact your previous employer ESUME" should <b>NOT</b> be used in place of	r? YES NO	
Employer:	Date of Employment From:	To:	
Address:	Salary-Beginning: \$ Ending: \$		
City:	State:	Zip:	
Phone: ( )			
Job Title:	Supervisor:		
Description of Duties:			
Reason for Leaving:			
Employer:	Date of Employment From:	To:	
Address:	Salary-Beginning: \$	Ending: \$	
City:	State: Zip:		
Phone: ( )			
Job Title:	Supervisor:		
Description of Duties:			
Reason for Leaving:			
Employer:	Date of Employment From:	То:	
Address:	Salary-Beginning: \$	Ending: \$	
City:	State:	Zip:	
Phone: ( )			
Job Title:	Supervisor:		
Description of Duties:			
Reason for Leaving:			

EMPLOYMENT HISTORY, CONT.

Employer:	Date of Employment From:	To:
Address:	Salary-Beginning: \$	Ending: \$
City:	State:	Zip:
Phone: ( )		
Job Title:	Supervisor:	
Description of Duties:		
Reason for Leaving:		
Employer:	Date of Employment From:	To:
Address:	Salary-Beginning: \$	Ending: \$
City:	State:	Zip:
Phone: ( )		
Job Title:	Supervisor:	
Description of Duties:		
_		
Reason for Leaving:		
Employer:	Date of Employment From:	To:
Address:	Salary-Beginning: \$	Ending: \$
City:	State:	Zip:
Phone: ( )	State.	Zip.
Job Title:	Supervisor:	
	Supervisor.	
Description of Duties:		
December Leaving		
Reason for Leaving:		
Employer:	Date of Employment From:	To:
Address:	Salary-Beginning: \$	Ending: \$
City:	State:	Zip:
Phone: ( )		
Job Title:	Supervisor:	
Description of Duties:		

## **REFRENCES:**

Persons who have known you for at least 3 years. Please exclude relatives and former employers.

Name:			Address:		
Occupation:			City:	State:	Zip:
Phone Number: (	)				
Name:			Address:		
Occupation:			City:	State:	Zip:
Phone Number: (	)				
Name:			Address:		
Occupation:			City:	State:	Zip:
Phone Number: (	)				
		ADDITION	AL INFORMATIO	ON:	

### Please Read and Initial Each Paragraph and Sign Where Indicated Below:

In making application for employment:	
I certify that the information in this application is true at that any false statement on this application may be considered as suf position be offered and later if it is found that the information is sign understand and agree that all MARTIN companies are relieved of all employment, and that I am subject to immediate discharge without r	ficient cause for rejection of this application. Should a difficantly untrue, incomplete, or misrepresented, I commitments, financial or otherwise pertinent to
I understand that an investigative background inquiry matrix and other reports. These reports will include information as a Further, I understand that any MARTIN company may request infor agencies which maintain records concerning my past activities relative experiences as well as claims involving me in the files of insurance investigation is made, I understand that I will receive notice that sucright to make a written request for complete and accurate disclosure scope of the investigation.	o my character, work habits, and general reputation. mation form various Federal, State, and other on to my driving credit, criminal, civil and other companies. (Worker's Compensation) If such an h reports have been requested, and that I will have the
I understand and agree that any employee handbook which contract, but will be merely a gratuitous statement of company police	
I understand that all MARTIN companies may require its allow inspection of bags (including purses or briefcases) or parcels that refusal to submit to alcohol or drug screens, when requested to determine the companies of the	brought into or taken out of the facility. I understand
I understand and agree that if I am employed by any MA agreement. The employment will be for no definite term and that eit terminate the employment relationship at any time, with or without or	her I or any MARTIN company has the right to
All MARTIN companies are committed to providing a D offers are contingent upon satisfactory results of a drug test, which v contingent job offer.	
I authorize all former employers (including personal and information they have regarding me. Neither the company nor its de in any manner and I hereby release all parties from liability for any or	signated agent shall be violating my right of privacy
Do you have a "Non-Compete with a current or past Em	ployer?YesNo
X	
Applicant Signature	Date

**Equal Opportunity Employer** 

**MARTIN** is a Drug-Free Workplace