



Name: _____

Today's Date ____/____/____

Martin Company, LLC is an equal opportunity employer.

PERSONAL DATA

Address _____

Soc. Sec. Number ____ - ____ - ____

City _____

Are You Over 18 yrs old? _____

State _____ Zip _____

Emergency Contact Name _____

Phone _____ Cell _____

Emergency contact phone _____

EDUCATION

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

If you completed 12th Grade, did you graduate? Y N

Name and location of last school you attended:

Other Continued Education: (Technical Courses, Trade Schools, Etc.)

Circle the number of years of College completed:

1 2 3 4 5 6 7

College Name _____

Special Skills / Machinery Etc.

City / State _____

Major _____

MILITARY SERVICE

Branch _____

Rank _____

Dates of Service ____/____/____ To ____/____/____

Honorable Discharge ___Y ___N

Experience or Skills _____

LEGAL SECTION

Can You Provide Documentation That Shows You Have The Legal Right to Work in The UNITED STATES? ___Y ___N

Have You Ever Been Discharged From a Company? ___Y ___N If Yes Please Explain _____

Have You Ever Been Convicted Of a Crime Other Than a Minor Traffic Violation? ___Y ___N

If Yes Please Explain _____

Do you hold a valid driver's license? _____ If yes, what state? _____

References

Name _____ Relationship To Reference _____ Phone _____

Name _____ Relationship To Reference _____ Phone _____

Name _____ Relationship To Reference _____ Phone _____

WORK EXPERIENCE (START WITH MOST RECENT EMPLOYER)

Employer Name _____ Phone _____ Starting Pay Rate _____
Dates Of Employment ___/___/___ To ___/___/___ Position _____ Final Pay Rate _____
Responsibilities _____

Reason For Leaving _____

WORK EXPERIENCE

Employer Name _____ Phone _____ Starting Pay Rate _____
Dates Of Employment ___/___/___ To ___/___/___ Position _____ Final Pay Rate _____
Responsibilities _____

Reason For Leaving _____

WORK EXPERIENCE

Employer Name _____ Phone _____ Starting Pay Rate _____
Dates Of Employment ___/___/___ To ___/___/___ Position _____ Final Pay Rate _____
Responsibilities _____

Reason For Leaving _____

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ACKNOWLEDGEMENT

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing..

Signature _____ Date _____