

POSITION DESIRED: _____ DATE: _____
 OVERSEAS LOCATION DOMESTIC LOCATION

NAME: _____ SOCIAL SECURITY NO. _____

ADDRESS: _____
(STREET) (CITY & STATE) (ZIP CODE)

TELEPHONE: _____ U.S. CITIZEN?: YES NO

CELL PHONE: _____ e-MAIL ADDRESS: _____

PROFESSIONAL LICENSES (GIVE TYPE, STATE AND YEAR): _____

MEMBERSHIP IN PROFESSIONAL SOCIETIES:

KNOWLEDGE OF FOREIGN LANGUAGES (KIND & DEGREE OF FLUENCY): _____

MILITARY STATUS: _____

DO YOU HAVE OR ARE YOU ELIGIBLE FOR A SECURITY CLEARANCE (KIND, BY WHOM, DATE): _____

HAVE YOU EVER BEEN CONVICTED OR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE ANYTHING THAT HAPPENED BEFORE YOUR 21ST BIRTHDAY. DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED.

YES _____ NO _____
IF "YES" GIVE DATE, PLACE AND NATURE OF CONVICTION.

ARE YOU ABLE TO MEET ANY TRAVEL REQUIREMENTS THIS JOB MAY HAVE? YES _____ NO _____

BRIEFLY DESCRIBE YOUR CAREER OBJECTIVES: _____

PERSONAL INTERESTS: _____

IT IS OUR FUNDAMENTAL POLICY TO PROVIDE EQUAL OPPORTUNITY IN ALL OF OUR OPERATIONS AND IN ALL AREAS OF OUR EMPLOYMENT PRACTICES AND TO ASSURE THAT THERE SHALL BE NO DISCRIMINATION AGAINST OR HARASSMENT OF ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT ON THE GROUNDS OF RACE, DISABILITY, AGE, MARITAL STATUS, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR VETERAN STATUS.

EXPERIENCE RECORD: (LIST PRESENT POSITION FIRST)

DATE OF EMPLOYMENT	NAME OF EMPLOYER & ADDRESS	POSITION, DESCRIPTION OF DUTIES, SUPERVISOR & REASON FOR LEAVING	SALARY
FROM:			START:
TO:			FINISH:
FROM:			START:
TO:			FINISH:
FROM:			START:
TO:			FINISH:
FROM:			START:
TO:			FINISH:
FROM:			START:
TO:			FINISH:
FROM:			START:
TO:			FINISH:

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ACHIEVED?

EDUCATION – LIST BELOW ALL INSTITUTIONS ATTENDED SINCE HIGH SCHOOL:

DATE FROM - TO	SCHOOL & LOCATION	AREA OF STUDY	DEGREE CONFERRED

LIST BELOW 3 PERSONS FAMILIAR WITH YOUR WORK (DO NOT INCLUDE RELATIVES):

NAME	COMPANY NAME & ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

BY SIGNING BELOW, APPLICANT AUTHORIZES MMM DESIGN GROUP TO VERIFY THEIR EDUCATION AND PRIOR EXPERIENCE. APPLICANT ALSO UNDERSTANDS THAT THEIR EMPLOYMENT MAY DEPEND UPON THE RESULTS OF PHYSICAL EXAMINATIONS, DRUG TESTS, BACKGROUND INVESTIGATIONS OR OTHER TYPES OF PRE-EMPLOYMENT TESTS.

ALL EMPLOYMENT WITH MMM DESIGN GROUP IS “AT-WILL”, MEANING THAT THE EMPLOYEE AND MMM MAY TERMINATE THE EMPLOYMENT RELATIONSHIP WITH OR WITHOUT CAUSE, UPON REASONABLE NOTIFICATION. APPLICANT ALSO ACKNOWLEDGES THAT ANY MISREPRESENTATION OF INFORMATION ON THE APPLICATION IS GROUNDS FOR TERMINATION OF EMPLOYMENT.

DATE: _____

_____ (APPLICANT'S SIGNATURE)

INTERVIEWER'S REMARKS:

DATE: _____

SIGNED: _____

ACTION:

DATE: _____

SIGNED: _____