



# APPLICATION FOR EMPLOYMENT

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Please fill out the application form completely. If questions are not applicable, enter "NA," and do not leave questions blank. Be sure to sign when completed. Matthews Group of Companies is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes part of Company records and is subject to disclosure. Applications are required and cannot be replaced by a resume.

With few exceptions, you have the right to request and be informed about information that Matthews Group of Companies collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the Company to correct any information that is determined to be incorrect.

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Online Job Posting       Company Website       Private Employment Agency

Referral Source:  Employee Referral \_\_\_\_\_  Walk-in

Other: \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available for Work: \_\_\_\_\_ Type of Employment Desired:  Full-Time  Part-Time  Temporary

Are you willing to travel? YES  NO  If yes, what percent of time? \_\_\_\_\_

Are you able to meet the attendance requirements of this position? YES  NO

Will you work overtime if required? YES  NO  What days are you unable to work? \_\_\_\_\_

Are you authorized to work in the U.S.? YES  NO  Proof of U.S. Citizenship or immigration status will be required upon employment.

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certificates, and registrations.

High School Graduate or GED? YES  NO  If yes, name and location of high school or GED institute: \_\_\_\_\_

Name and Location of School	Dates Attended	Date Graduated	Expected Graduation Date	Degree Completed	Major/Minor Fields of Study

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as computer equipment, types of software and hardware, printing or graphics equipment or foreign language(s). Attach additional page, if necessary.

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License/Certification (Driver's License, C.P.A.)	Date Issued	Date Expired	Issued by/Location of issuing authority (State or other authority)	License No.

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment for the last 20 years. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
2. Employer addresses must be complete mailing addresses, including zip code.
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Summary of job responsibilities and work performed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Summary of job responsibilities and work performed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Position Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Summary of job responsibilities and work performed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hire, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

I understand as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED** SIGN HERE **X** \_\_\_\_\_

Date \_\_\_\_\_