 

***Employment Application***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Applied for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about MCE? *Newspaper Radio Workforce Services Friend* *Relative* *Other* (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_

*(Most positions require a valid drivers license and the ability to be insured by the MCE insurance carrier.)*

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Must be at least 18 years old to work for MCE*)

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell/Message Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Employment: *Full Time Part Time Relief (on-call)* Date Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing and able to work: *Days. Evenings. Overnights Weekends*

Days available: *M Tu W Th F Sat Sun*

(Details or hours not available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any relatives or roommates employed or served by MCE? Yes No If “Yes” please specify name and division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked for Magic City Enterprises in the past: Yes No If “Yes” please give dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked or attended school under any other names? Yes No

If “Yes” please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been issued more than 2 traffic tickets in the past three years? Yes No

Have you had any major violations (i.e. DUI, reckless driving etc) in the 5 years? Yes. No

If “Yes” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Background checks are required for all employees who may have unsupervised access to minors or adults with developmental disabilities or acquired brain injury. Individuals who are listed on the DFS Central Registry or convicted of crimes against a person or family are not eligible for employment with Magic City Enterprises.***

If offered a position, do you consent to a criminal background check and driving license screening? Yes No

Have you ever been **convicted** of any offense against a person or family, including physical/sexual assault, abuse, neglect, exploitation, or involving use of firearms? Yes No

Do you appear on the WY Department of Family Services Central Registry for **substantiated** abuse, neglect or exploitation? Yes No

Have you ever been **convicted** of a felony or been legally incarcerated: Yes No

If you answered “Yes” to any of the last three questions, please give details, dates and penalties below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a high school diploma or GED certificate? Yes No

Name and location of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| College or Vocational School | Dates  To From | Semester/Qtr.  Hours | Major | Degree Earned |
|  |  |  |  |  |
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***Work History: Starting with your present or most recent job, list your employment history for the last 10 years. You may also include any job-related military service assignments and volunteer activities. DO NOT SUBSTITUTE A RESUME IN THE PLACE OF ANY PART OF THIS APPLICATION.***

|  |
| --- |
| Employer: Address: |
| From: To: Hours per week: Last Salary: |
| Your Title: Supervisor’s Name: |
| Supervisor’s Phone #: May we Contact? Yes\_\_\_ No\_\_\_ |
| Job Duties: |
|  |
|  |
| Reason for Leaving: |
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|  |
| Employer: Address: |
| From: To: Hours per week: Last Salary: |
| Your Title: Supervisor’s Name: |
| Supervisor’s Phone #: May we Contact? Yes No |
| Job Duties: |
|  |
|  |
| Reason for Leaving: |
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|  |
| Employer: Address: |
| From: To: Hours per week: Last Salary: |
| Your Title: Supervisor’s Name: |
| Supervisor’s Phone #: May we Contact? Yes No |
| Job Duties: |
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| Reason for Leaving: |
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|  |
| Employer: Address: |
| From: To: Hours per week: Last Salary: |
| Your Title: Supervisor’s Name: |
| Supervisor’s Phone #: May we Contact? Yes No |
| Job Duties: |
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|  |
| Reason for Leaving: |
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List any other **Job Related** qualifications or experience you think would pertain to the position you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why would you like to work for Magic City Enterprises?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what “Supporting Individuals with Disabilities to Live Successfully’ means to you.

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**\*REFERENCES\*** Please Provide a minimum of 2 professional references who are familiar with your job performance. (Please **DO NOT** use Family, friends, and/or Roommates)

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Name Telephone Years know

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Telephone Years known

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Name Telephone Years known

***\*\*\*NOTICE\*\*\* ANY APPLICANT WHO IS HIRED WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES, IN COMPLIANCE WITH USA IMMIGRATION LAWS. On acceptance of any job offer all applicants agree to submit to a background check including driving history records. New Employees are required to pass a pre-employment drug screening, provide documentation of education and provide a valid driver’s license. Fingerprints of new employees will be submitted for a DCI/DFS background check; employment is conditional pending satisfactory outcomes of the background checks.***

**=====================================================================================**

**I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or falsifications may result in removal from employment consideration or dismissal. I give Magic City Enterprises and its authorized agent’s permission to verify any information given in connection with the application.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make sure your application is complete, signed and dated: incomplete applications cannot be considered.**

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*Completion of the following section is voluntary and very much appreciated; the information is requested to satisfy* ***Federal Equal Opportunity Statistical Reporting and Research Requirements.*** *This section will be* ***detached*** *from the application after processing to assure that this information will not affect any hiring decisions. All applicants are treated equally without regard to race, color, religion, gender, national origin, age, sexual orientation, familial status, genetic information, pregnancy, disability, political affiliation, or veteran status. As a government contractor we are required to comply with Affirmative Action laws and regulations, including providing reports containing the following information.*

Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Circle Answers Below*

**Ethnic Group/Race***: Caucasian African American Hispanic/Latino American Indian/Alaskan Native*

*Asian Native Hawaiian/Pacific Islander Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Veteran Status***: Not applicable Vietnam Veteran Desert Storm Veteran Enduring Freedom*

*Veteran Disabled Veteran*

**Gender:** *Male Female*