



MANAGE  
CONSTRUCT  
RENOVATE

## Employment Application Instructions

Thank you for your interest in MCR Services, Inc. We strive to provide the best management, construction and renovation services and we take great pride in the quality of our employees and our commitment to excellence!

Please complete and sign the following documents and return with a current resume to MCR Services, Inc. You may fax to 614-421-0865, attention Reagan Beekman.

1. Employment Application; provide at least 3 personal and 3 professional references (use back of application for professional references.)
2. BMV Driver License Verification Authorization
3. Pre-employment Drug Testing Policy

MCR Services, Inc. is an Equal Opportunity Employer and a Substance-Free Workplace Employer. We require a valid Ohio Driver's License.

Reagan Beekman  
Human Resources  
614-643-2704





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# EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT LEGIBLY. ANSWER ALL THE  
QUESTIONS ON BOTH SIDES OF THE SHEET.

## GENERAL INFORMATION

Last Name		First Name		Middle Name	
Address		City	State	Zip Code	Phone Number (   )   -
Position or Type of Work Applied For			Rate of Pay Expected \$                      per		Alternate Phone Number (   )   -
E-mail Address					

What type of position are you seeking?     FULL-TIME                       PART-TIME                       TEMPORARY

What days and hours are you available to work?

On what date are you available to start work?                      Can you work overtime?     YES     NO

Are you at least eighteen (18 ) years old?     YES     NO

◆ If not, can you provide a valid Work Permit, high school diploma or equivalent?     YES     NO

What languages do you speak, read or write fluently?

Are you authorized to work lawfully in the United States?                       YES     NO

How long have you lived at your current address?

Are you presently on layoff from another job and subject to recall?                       YES     NO

◆ If this is so, please explain:

Have you served in the Armed Forces?     YES     NO    If so, what Branch?

Do you have any special skills, training or experience which may help you qualify for employment?     YES     NO

◆ If this is so, please explain:

Do any of your relatives work for MCR Services, Inc.     YES     NO    If so, who?

Have you previously applied for work at MCR?                       YES     NO    If so, when?

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?                       YES     NO

◆ If so, please explain: (NOTE: Conviction will not necessarily disqualify applicant)

Do you have a valid Driver's License?                       YES     NO    If not, why?

How did you find out about this opportunity?

## EDUCATIONAL BACKGROUND

Type of School	Name and Address	Graduated?	Course or Major
1. <input type="checkbox"/> High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. <input type="checkbox"/> Trade School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. <input type="checkbox"/> College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. <input type="checkbox"/> Post Graduate		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
5. <input type="checkbox"/> Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT EXPERIENCE

Please start with your most recent job and include all periods of employment, self-employment, job-related military service

From: <input style="width: 80%;" type="text"/>	Employer's Name / Address / Phone #	Start Pay:	Job Title:
To: <input style="width: 80%;" type="text"/>		Last Pay:	Reason for Leaving:
		Supervisor:	

Describe the Work You Did:

From: <input style="width: 80%;" type="text"/>	Employer's Name / Address / Phone #	Start Pay:	Job Title:
To: <input style="width: 80%;" type="text"/>		Last Pay:	Reason for Leaving:
		Supervisor:	

Describe the Work You Did:

From: <input style="width: 80%;" type="text"/>	Employer's Name / Address / Phone #	Start Pay:	Job Title:
To: <input style="width: 80%;" type="text"/>		Last Pay:	Reason for Leaving:
		Supervisor:	

Describe the Work You Did:

May we contact the employer's listed above?  YES  NO Please indicate below any you don't want contacted.

## PERSONAL REFERENCES

Please do not list relatives or former employers.

Name and Occupation	Address	Phone Numbers
		(    ) -
		(    ) -
		(    ) -
		(    ) -

I certify that the information I have provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination at any point in the future.

I authorize **MCR Services, Inc.** to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize all individuals, schools and firms named herein, including my former employers (except my current employer if so noted) to disclose to **MCR Services, Inc.** any and all information they may have about me or my previous employment. In addition, I hereby release **MCR Services, Inc.**, my former employers and all other persons from any and all claims, demands or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, prior to and during my employment, **MCR Services, Inc.** may require any legal testing and/or examination, including but not limited to, medical, physical, drug and/or alcohol, psychological and skill and aptitude. I further acknowledge that, as a drug-free workplace, **MCR Services, Inc.** requires that any applicant or new hire submit to a drug screening prior to reporting for the first day of work, as a condition of employment. I understand that should I refuse to take such a test, I will be denied employment. A positive test will result in my dismissal prior to starting employment.

If hired, I agree to conform to the rules and regulations of **MCR Services, Inc.** I understand and agree that, if hired, my employment will be at will and that my employment can be terminated with or without notice at any time at my option or at that of **MCR Services, Inc.** I understand that no representative of **MCR Services, Inc.**, other than the President, Wade F. Hungerford, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that furthermore any such agreement must be done in writing and acknowledged by our respective signatures.

Applicant's Signature _____	Date _____	<b>DRUG FREE WORKPLACE</b>
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**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT  
AND CONSENT TO PROCUREMENT OF CONSUMER REPORT  
FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorize the \_\_\_\_\_ MCR Services, Inc. \_\_\_\_\_, or its insurance agency \_\_\_\_\_ Overmyer Hall Associates \_\_\_\_\_, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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

Driver's License #: \_\_\_\_\_

State of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_