



An Equal Opportunity Employer

Employment Application

- A. Before you begin, carefully read and sign the acknowledgement on page 4.
 B. Please print all information, except for the signing of your name in the acknowledgement on page 4, check yes or no elsewhere.
 C. Answer all questions. Mark as N/A (not applicable) those questions which do not apply to you.

Date:	Position you are applying for:	Desired Salary:
Date you can start:	How were you referred to us?	

Personal Information

Name:	Residence Phone:	Business Phone:
Home Address: (number, street, city, state, zip code)		Social Security Number:

Were you previously employed by Mike Albert? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please give dates and location.	Do you have any relatives employed by Mike Albert? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give name of relative and location.
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any other names under which you have worked or obtained education (for reference checking purposes).	

Education

School	Name, Address, City, State	Major	Years Completed	Graduated?
High School				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
College				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Technical Training				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Other Training				<input type="checkbox"/> Yes
				<input type="checkbox"/> No

If you have served in the U.S. Military, describe any duties or special training related to the position for which you are applying.

Employment History

List all positions held for the past 10 years, beginning with your current or most recent position. Include periods of unemployment, military service and/or schooling.

Firm:	Address: (number, street, city, state)	From Mo. Yr.	To Mo. Yr.
Position(s) held:			
Name and Title of Supervisor:	Phone Number:		
Brief Description of Responsibilities:		Starting \$ _____ Ending \$ _____ __ hour __ month __ week __ year	
Reason for Leaving:		Add'l Income \$ _____	

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Reason for Leaving:		Add'l Income \$ _____	

Acknowledgement By Applicant

1. The information I will provide in this application for employment is true, correct and complete. If employed by Mike Albert Leasing, Inc., any misstatement or omission of fact on this application may result in my dismissal.
2. I understand that acceptance of an offer of employment does not create a contractual obligation upon Mike Albert Leasing Inc. to continue to employ me in the future. I understand that any employment shall be on an at will basis with Mike Albert Leasing Inc. Both Mike Albert Leasing, Inc. and I have the right to terminate employment and compensation at any time, for any reason, with or without cause.
3. I understand that no person, supervisor or representative except the President of Mike Albert Leasing, Inc. or a designated officer has the authority to make any changes in these terms or conditions of employment or to enter into any agreement, either written or oral, for any employment for any specific period of time. Any such change must be signed by the President of Mike Albert Leasing Inc., or his/her designated officer in a document captioned "Employment Agreement."
4. I understand that any offer of employment is contingent upon my passing a drug screen test. I further understand that, if required by the essential job related functions of the position for which I have received an offer of employment, I will be required to submit to a physical examination administered by a physician to determine my physical fitness for work.
5. If Mike Albert Leasing Inc. decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize them to do so. If a report is obtained, Mike Albert Leasing Inc. must provide, at my request, the name and address of the agency so I may obtain from them the nature and subject of the information contained in this report.
6. I also hereby release all persons, firms, corporations and/or organizations from any liability for any damage whatsoever from issuing information that may be sought in connection with this application concerning my work habits, characters, educations, or skill, or my action in any transaction.
7. In the event this application results in employment with Mike Albert Leasing Inc., I agree to comply with the rules and regulations established for the general operations of Mike Albert Leasing Inc. and to further comply with the rules and regulations established in the department to which I am assigned. I further understand that such rules and regulations may be altered, added to, or eliminated at any time.

SIGNATURE OF APPLICANT _____ **DATE** _____

Company Statements

1. Mike Albert Leasing, Inc. is an equal opportunity employer and does not discriminate on the basis of race, creed, color, sex, age, national origin, disability, or other characteristic protected by law. However, the completion of an application does not in any way obligate Mike Albert Leasing, Inc. to provide employment to you.
2. This application will be kept in an active file for a period of three months. Should you have a question about your status during that three month period after filing this application, do not hesitate to call us. If after a three month period, you have not been contacted and are still interested in seeking employment with Mike Albert Leasing, Inc., you should file a new application for employment

Voluntary Self-Identification

CONFIDENTIAL For Statistical Use Only

Mike Albert Leasing, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or Local law. The information requested below will be used only in the compilation of data for reporting to the Equal Employment Opportunity Commission.

Completion of this data is voluntary and will not affect your opportunity for employment, or the terms and conditions of your employment, if hired.

Please complete in full:

Position Applied For: _____ Date: _____

Name: _____

Sex: (check) _____ Male _____ Female

Ethnic Group:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- American Indian or Alaskan Native** (Not Hispanic or Latino): A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino**: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Two or More Races** (Not Hispanic or Latino): All persons who identify with more than one of the above five races.