



MWS Enterprises, Inc.
 5701 Transit Road
 East Amherst, N. Y. 14051-1898
 (716) 689-0600



NAME: _____ DATE: _____
 ADDRESS: _____ CITY: _____
 STATE OR PROVINCE: _____ ZIP: _____ PHONE: _____

POSITION DESIRED: _____

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 21 years old or older? If no, can you provide work permit, if necessary? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work weekend, evening shifts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Did you complete High School? | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to undergo a drug screen? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Did you complete College?
If yes, field: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been disciplined or fired from a job?
If yes, explain _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have special licensing or certifications?
If yes, field: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Can you travel if required? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of legal right to work in this country? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a felony within the last 7 years? (A yes or no answer does not disqualify applicant from employment.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Can you speak English? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you worked for this company before? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other languages? If yes, which ones _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you made application to work for this company before? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work in a non-smoking environment? | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you related to an employee of this company? |

ARMED FORCES work experience: from: _____ to: _____
 Immediate Supervisor: _____ Means of contacting this supervisor: _____
 Duties, responsibilities and number you supervised: _____

FORMER EMPLOYERS

My initials, _____, indicate my willingness for you to talk with this prior employer.

Begin with your present or last work experience. Include volunteer work experience.

Company: _____ Employed from: _____ to: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Last Position Title: _____ Salary: Starting: _____ Ending: _____
 Reason for leaving: _____ Hours worked/week: _____
 Immediate Supervisor: _____ Phone #: _____
 Duties, responsibilities and number you supervised: _____

My initials, _____, indicate my willingness for you to talk with this prior employer.

Company: _____ Employed from: _____ to: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Last Position Title: _____ Salary: Starting: _____ Ending: _____
 Reason for leaving: _____ Hours worked/week: _____
 Immediate Supervisor: _____ Phone #: _____
 Duties, responsibilities and number you supervised: _____

My initials, _____, indicate my willingness for you to talk with this prior employer.

Company: _____ Employed from: _____ to: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Last Position Title: _____ Salary: Starting: _____ Ending: _____
 Reason for leaving: _____ Hours worked/week: _____
 Immediate Supervisor: _____ Phone #: _____
 Duties, responsibilities and number you supervised: _____

LIST ADDITIONAL JOB HISTORY:

COMPANY _____ POSITION _____ DATES _____
COMPANY _____ POSITION _____ DATES _____
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ADDITIONAL JOB HISTORY REFERENCES:

DO YOU HAVE OTHER WORK EXPERIENCE NOT LISTED ABOVE? []Yes []No If yes, list:

DO YOU HAVE EXPERIENCE IN THE FOLLOWING?

- [] Recordkeeping [] General Ledger [] Dictaphone [] Computer
[] Bank Reconciliation [] Trial Balance [] 10-Key [] Cash Register
[] Accounts Receivable [] Financial Statements [] Calculator [] Lotto Machine
[] Accounts Payable [] Full Charge Bookkeeper [] Statistical Typing [] Other

Are you seeking []Temporary [] Full-Time [] Part-Time

What Positions are you applying for? _____

What hours and shifts would you prefer to work? _____

Please indicate any shifts you would not be available to work _____

Are you willing to work overtime? [] Yes [] No Weekends? [] Yes [] No

Experience, special skills or training? _____

Are you currently employed? [] Yes [] No When would you be available to start? _____

Have you ever worked for this organization before? [] Yes [] No Name used _____

List any friends or relatives employed by this company _____

Are you on layoff and subject to recall? [] Yes [] No

Have you ever been discharged or asked to resign from any position? [] Yes [] No

If yes, please describe _____

How many days have you missed from school or work within the last 12 months? _____ Been late? _____

How many days have you missed in the last three years for other than sickness? _____

Please describe _____

APPLICAN'T'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated. The company may verify all the information provided by me, including but not limited to, education and employment, or may procure or have prepared an investigative consumer report for this purpose. I release from liability all persons or entities supplying or collecting such information. If employed, I may terminate my employment at any time without notice or cause, and the Company may terminate or modify the relationship at any time without notice or cause. I agree to conform to the rules and regulations of the Company and I understand that no department head or representative of the Company, other than the President or a designated officer of the Company, has the authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the Agreement. I understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis, drug screen and/or other tests and that my failure to take such tests when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required, overtime, a rotating work schedule that includes Saturday and Sunday. If employed, I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination. I have read and I agree to the above, I hereby certify that the facts I have provided in this employment application are true and complete.

Signature: _____ Date: _____