



Martin Training & Staffing Solutions, LLC.
Employment Application

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Employment Application

Notice: It is the policy of Martin Interconnect to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age disability or veteran status.

Applicant Information

Date: _____

Name: Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____ - _____

Phone number _____ - _____ - _____ Social Security Number: _____ - _____ - _____

Emergency Contact Information

Name _____ Relationship _____

Address _____ City, State, Zip _____

Phone number _____ - _____ - _____ Alternate number _____ - _____ - _____

Job Position Applied for: _____ Salary desired _____

Have you applied to this company before? Yes No If yes, when? _____

How did you hear about this position? _____

Employment desired: Full Time Part Time

Desired Shift: 1st Shift 2nd Shift 3rd Shift

Work Eligibility

Are you legally eligible for employment in the United States? Yes No

If yes, are you able to provide documentation? Yes No

If you are offered employment, when would you be able to start? _____

How will you get to work? _____

Are you willing to work any shift including nights or weekends as required? ___ Yes ___ No

Would you be willing to work overtime if required? ___ Yes ___ No

Are you able to lift 20 pounds or more ___ Yes ___ No

Are you a veteran of the Armed Forces? ___ Yes ___ No Status: ___ Active ___ Reserve ___ Inactive

If yes, give date and type of discharge: Date of discharge _____ Type of discharge _____

Branch and specialty: _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain: (number of convictions, nature of offenses, date of convictions, are sentences complete)

Education

School name	Address or City & State	Years attended	Graduate
			___ Yes ___ No Year: _____
			___ Yes ___ No Year: _____
			___ Yes ___ No Year: _____
			___ Yes ___ No Year: _____

Please list any other skills you possess. Include certifications, awards, and training.

References: Please list two people who would be willing to provide a reference for you.

Name _____	Name _____
Occupation _____	Occupation _____
Address _____	Address _____
Phone number ____-____-____	Phone number ____-____-____
Relationship _____	Relationship _____
Years known _____	Years Known _____

Employment History: Please list past employers beginning with the most recent.

Company name	
Dates of Employment	
Address	
Phone number	
Supervisor name	
Reason for leaving	
Duties performed	
May we contact this employer?	____ Yes ____ No Why?
Salary	

Company name	
Dates of Employment	
Address	
Phone number	
Supervisor name	

Reason for leaving	
Duties performed	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why?
Salary	

Company name	
Date of Employment	
Address	
Phone number	
Supervisor name	
Reason for leaving	
Duties performed	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why?
Salary	

Legal Statements

I certify that all statements and information contained in this application are truthful and accurate. I understand that providing false or misleading information may result in disciplinary action up to or including termination at a later date.

I authorize Martin Training and Staffing to contact the provided employers, educational institutions, and references and obtain information regarding my education, (attendance and grades) and employment (attendance and performance).

I understand that if I am offered employment, that employment will be “at will”. I understand that the company or I can at any time terminate employment with or without cause and there is no guarantee of employment by the company regardless of any statement made by any company representative.

I HAVE CAREFULLY READ THE ABOVE DOCUMENT AND UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date

Equal Employment Opportunity Form

Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

()

Social Security Number:

Position Applied for:

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other _____ | | |