Application for Employment

Mougianis Ind./ Ent. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last,	First, M	liddle):			Other names under which you have attended school or been employed:	
Street Address:				City,	State & Zip:		
Social Security Nu	mber:	Home	Phone:		Work Phone:	Other Phone:	
Are you eligible to States?	work in the U	nited	Yes	No			
Are you 18 years of	f age or older?		Yes	No	If NO, what is your cur	rrent age?	
Are you currently e Mougianis Ind./ E	mployed at		Yes] No		rent job title & department?	
Have you ever been Mougianis Ind./ E			Yes	No	If YES, dates of employ	ment & reason for leaving:	
Are you related to a employees by Mou	• •	nt.	Yes	No	If YES, their name & the	ir name & their relationship to you?	
If required for positivation valid driver's licens	tion, do you ha		Yes	No	If YES, State of issuance date:	e, license #, and expiration	
	n convicted of				r misdemeanor)? Yes s):	□ No	
	ny significant det	ails that aj	ffect the descript	tion of th		he date of the offense, the nature of rcumstances and the relevance of	
	about this emp	oloymen	t opportunity	at Mo	ugianis Ind./ Ent.? Chec . of Labor	ek all that apply:	
Referral by emp						ase list)	
Please list at leas	t two past a	ldresse	s other ther	n the o	one listed above. (if any)	
Street Addre	SS:				City, State & Zip:		
Street Addre	ss:				City, State & Zip:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		Yes No				
GED:		Yes No				
Other School:		Yes No				
College:		Yes No				
Other credentials/ license	s/ professional affi	liations, etc., whic	h are relevant to	the job(s) for w	which you are a	applying.

U.S. Military Service

Branch of Service:	
From:	to:
Rank & Type of Service:	
Training/Experience Received	

WORK EXPERIENCE-Please detail your <u>entire</u> work history. Begin with your <u>current</u> or most recent employer. If you held multiple positions with the same organization, detail each position separately. <u>Attach additional sheets if necessary</u>. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE**: Mougianis Ind. / Ent. reserves the right to contact all current and former employers for reference

PLEASE NOTE: Mougianis Ind. / Ent. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position)From:ToStarting Salary:	Full time Part-time If part-time, # hrs./wk: Organization Name and Address:	Title:
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	Full time Part-time	Title:
Starting Salary:	Organization Name and Address:	

Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:
Primary duties:		Reason for Leaving:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Mougianis Ind./ Ent. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Mougianis Ind./ Ent. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signa

Date: _____