



MISSION BELL MANUFACTURING

16100 Jacqueline Court
Morgan Hill, CA 95037
408-778-2036
408-779-8150 Fax
www.missionbell.com

MISSION BELL MANUFACTURING IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip

3. **Telephone Number:** () - _____ 4. **Email Address** _____

5. **Alternate Email Address:** _____

6. **Are you at least 18 years old?** Yes No If employed and under the age of 18, can you furnish a work permit? Yes No

7. **Do you have a legal right to work in the United States?** Yes No

If employed, you will be required to provide proof.

8. **Have you applied to MB for employment in the past?** Yes No

If yes, when? _____ Position applied for: _____

9. **Do you have any relatives currently employed by MB?** Yes No

If yes, who? _____ What relation to you? _____

10. **Have you ever used another name that we would need in order to verify your employment experience and education?**

Yes No If yes, indicate such name and the date the name changed:

11. **Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?**

Do not disclose convictions related to the possession or use of marijuana more than two years ago.

Yes No If yes, state when, where, and the nature of such conviction:

(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)

12. **Are you currently employed?** Yes No If yes, may we contact your current employer at anytime? Yes No

You may contact my current employer, but only when: _____

POSITION

- Position for which you are applying: _____

First Choice
Second Choice
- Salary/wage desired: _____ per _____
- Are you available to work:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start working? _____
- How did you hear about the availability of the position for which you are applying?

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other: _____		
- If the position for which you are applying requires the use of a vehicle, do you have a valid driver's license? Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
- Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No
 Do you understand these requirements? Yes No
- Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No
- Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research:

- List current certifications and/or professional licenses, if any, and where registered:

- Office/business equipment and software qualified or trained to use:

- Check special skills or training:

<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Construction	Please Check Software and List Programs (i.e., Word, Excel, etc.): <input type="checkbox"/> Word Processing _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced <input type="checkbox"/> Database _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced <input type="checkbox"/> Other _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
_____ wpm	<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Phone Systems	<input type="checkbox"/> Carpentry	
<input type="checkbox"/> Fork Lift	<input type="checkbox"/> Assembly	

- Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— **RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

1.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary			
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

2.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary			
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

3.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary			
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of MB regardless of the time that has elapsed before discovery.

I authorize MB or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to MB from all liability or responsibility with respect to information supplied to MB.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with MB, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either MB or myself. I further understand that no one other than the President of MB has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by MB, I agree to abide by the rules, policies and procedures of MB and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that MB believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of MB during the time of my employment.

Signature of Applicant

Date



Mission Bell Manufacturing

APPLICANT/EMPLOYEE IDENTIFICATION RECORD

Regulations of the California Fair Employment and Housing Commission require employers with 5 or more employees to obtain certain information from each employee and job applicant applying for a particular position. This form is used to provide each applicant/employee with an opportunity to furnish such information *voluntarily*. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employee's main personnel file. MB is an equal employment opportunity employer and does not discriminate because of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, age, marital status, physical handicap, or mental condition.

EMPLOYMENT SURVEY

APPLICANT

EMPLOYEE

Name _____

Date _____

Position Held/Applied for: _____

How did you become aware of the position opening:
(Note specific publication source if applicable) _____

I agree to supply the requested information: _____

Signature

I **do not** agree to supply the requested information: _____

Signature

Male Female

ETHNIC ORIGIN - Please check the appropriate box:

- BLACK (Not of Hispanic origin)
All persons having origins in any of the Black racial groups of Africa.
- WHITE (Not of Hispanic origin)
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ASIAN or PACIFIC ISLANDERS
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- HISPANIC
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- AMERICAN INDIAN or ALASKAN NATIVE
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER (Please Specify) _____

Please check if any of the following are applicable:

- VIETNAM ERA VETERAN DISABLED VETERAN DISABLED INDIVIDUAL