



**MILITARY SERVICE:**

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Active Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

**Former Employers (List below last 4 employers, starting with the last one first)**

| Date<br>Month & Year | Name, address and<br>Phone number of Employer | Supervisor | Ending Salary | Position Held |
|----------------------|---|------------|---------------|---------------|
| From                 |   |            |               |               |
| To                   |   |            |               |               |
| From                 |   |            |               |               |
| To                   |   |            |               |               |
| From                 |   |            |               |               |
| To                   |   |            |               |               |
| From                 |   |            |               |               |
| To                   |   |            |               |               |

Reference: Give below the names of two persons not related to you, whom you have known at least one year.

| Name | Address | Telephone | Years Known |
|------|---------|-----------|-------------|
|      |         |           |             |
|      |         |           |             |

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that misrepresentation or omission of facts called for is cause for dismissal.

I understand that employment is AT WILL, that either employer or employee may terminate employee's employment at any time for any reason or no reason with or without notice, and that any changes in the terms of employee's employment must be in writing, signed by an MCE Corporation Officer.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

MCE Corporation does not discriminate against "qualified individuals" with a disability and "reasonable accommodations" will be made for disabilities where they would not result in undue hardship in accordance with the requirements of the Americans with Disability Act.