

Committed to Excellence  
and Quality



## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.  
Upon Completion Email to [recruit@minrob.com](mailto:recruit@minrob.com)

**Non-Discrimination Policy:** Minton & Roberson, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state, and local laws. Minton & Roberson, Inc. complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

|   |  |                                       |   |   |  |
|---|--|---------------------------------------|---|---|--|
| <b>GENERAL INFORMATION</b>  |  | Date                                  | _____                                       |   |  |
| Position(s) Applied For (1)   | _____                                    | (2)                                   | _____                                       |   |  |
| Referral Source   | <input type="checkbox"/> Newspaper       | <input type="checkbox"/> Friend       | <input type="checkbox"/> Employment Agency  | <input type="checkbox"/> College/University | <input type="checkbox"/> Professional Journal            |
|   | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Relative     | <input type="checkbox"/> Walk-In            | <input type="checkbox"/> Other              | _____  |
| Name  | _____                                    | _____                                 | _____                                       | _____                                       | _____  |
|   | Last                                     | First                                 | Middle                                      |   |  |
| Address   | _____                                    | _____                                 | _____                                       | _____                                       | _____  |
|   | Number                                   | Street                                | City  | State                                       | Zip  |
| Home Telephone  | _____                                    |                                       |   |   |  |
| Cell Phone  | _____                                    |                                       | Email                                       | _____                                       |  |
| Have you ever filed an application here before?   | <input type="checkbox"/> Yes             | <input type="checkbox"/> No           | If yes, give date                           | _____                                       |  |
| Have you ever been employed here before?  | <input type="checkbox"/> Yes             | <input type="checkbox"/> No           | If yes, give date                           | _____                                       |  |
| Are you currently employed?   | Yes: <input type="checkbox"/> No         | If yes, may we contact your employer? | <input type="checkbox"/> Yes                | <input type="checkbox"/> No                 |  |
| Are you a United States citizen?  | Yes                                      | No                                    | If no, do you have a valid work permit?     | <input type="checkbox"/> Yes                | <input type="checkbox"/> No                              |
| (Proof of citizenship or immigration status may be required upon employment)  |  |                                       |   |   |  |
| Employment desired:   | <input type="checkbox"/> Full-Time       | <input type="checkbox"/> Part-Time    | <input type="checkbox"/> Temporary          |   |  |
| When are you available for work?  | _____                                    |                                       | Are you on a lay-off and subject to recall? | <input type="checkbox"/> Yes                | <input type="checkbox"/> No                              |
| In the past five years, have you been convicted of an offense other than a minor traffic violation?   |  |                                       |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: _____   |  |                                       |   |   |  |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                                       |   |   |  |
| If yes, please explain: _____   |  |                                       |   |   |  |
| Do you have any physical or mental condition that prevents you from performing the duties and responsibilities of this position? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |   |   |  |
| _____   |  |                                       |   |   |  |

**EDUCATION**

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION | # OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------|----------------------|----------------|
| High School          |                |          |                      |                |
| College              |                |          |                      |                |
| Graduate School      |                |          |                      |                |
| Bus. Or Trade School |                |          |                      |                |
| Professional School  |                |          |                      |                |
| Special Honors:      |                |          |                      |                |

**COMPUTER SKILLS**

Check off those computer skills with which you are proficient (any version).

- PC User     
 Macintosh User     
 Windows     
 Microsoft Word     
 Microsoft Access  
 Microsoft Excel     
 Microsoft Publisher     
 Web Page Design/Maintenance     
 Email     
 Internet  
 Other

**DRIVER'S LICENSE**

Do you have a driver's license?     Yes     No    Expiration Date \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
Have you had any accidents during the past three years?     Yes     No    How many? \_\_\_\_\_  
Have you had any moving violations during the past three years?     Yes     No    How many? \_\_\_\_\_

**MILITARY**

Are you a veteran of the United States military service?     Yes     No    If yes, what branch? \_\_\_\_\_  
If yes, Date Entered \_\_\_\_\_    Date discharged \_\_\_\_\_  
If yes, please describe any special skills or training acquired while in the service: \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, certifications, special training required for the position for which you are applying, etc.

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

| Most recent employer |  | Dates Employed     |  | Work Performed |
|----------------------|--|--------------------|--|----------------|
|                      |  | From:              |  |                |
| Phone                |  | To:                |  |                |
| Address              |  | Supervisor         |  |                |
| Job Title            |  | Reason For Leaving |  |                |

| Employer  |  | Dates Employed     |  | Work Performed |
|-----------|--|--------------------|--|----------------|
|           |  | From:              |  |                |
| Phone     |  | To:                |  |                |
| Address   |  | Supervisor         |  |                |
| Job Title |  | Reason For Leaving |  |                |

| Employer  |  | Dates Employed     |  | Work Performed |
|-----------|--|--------------------|--|----------------|
|           |  | From:              |  |                |
| Phone     |  | To:                |  |                |
| Address   |  | Supervisor         |  |                |
| Job Title |  | Reason For Leaving |  |                |

| Employer  |  | Dates Employed     |  | Work Performed |
|-----------|--|--------------------|--|----------------|
|           |  | From:              |  |                |
| Phone     |  | To:                |  |                |
| Address   |  | Supervisor         |  |                |
| Job Title |  | Reason For Leaving |  |                |