



PO Box 4189 - Paso Robles, CA 93447
 Phone: (805) 238-3510 - Fax: (805) 238-1975

Employment Application

Applicant Information

Name (Last Name First)		Social Security Number:	
Present Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Alt. Phone:	
Referred By:	E-mail:		

Employment Desired

Position:	Date Available:	Salary Desired:
Are you Currently Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain:
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain:
Have you ever applied or worked for MGE before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain:

Education History

	Name and Location of School:	Years Attended:	Did you graduate:	Subjects Studied:
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

General Information

Areas of expertise or training:

Previous Employment

Company:		Address:	
Phone:	Supervisor:	May we contact your previous supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Salary:	Position:	Reason for leaving:	
Company:		Address:	
Phone:	Supervisor:	May we contact your previous supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Salary:	Position:	Reason for leaving:	
Company:		Address:	
Phone:	Supervisor:	May we contact your previous supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Salary:	Position:	Reason for leaving:	

Continued on other side

References	
Provide the names of three persons not related to you, whom you have known for at least one year.	
Full Name :	Address:
Phone:	Relationship:
Full Name:	Years Known:
Phone:	Address:
Full Name:	Relationship:
Phone:	Years Known:
Full Name:	Address:
Phone:	Relationship:
Full Name:	Years Known:

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:

Signature:

DO NOT WRITE BELOW THIS LINE	
Remarks:	
Neatness:	Abilities:
Personality:	Position:
Hired On:	Manager Approved Salary:
Interviewed By:	Date: