



Do you speak, write, or understand any foreign language?    \_\_\_\_YES    \_\_\_\_NO

If yes, which language(s) and how fluent of a speaker you consider yourself to be: \_\_\_\_\_

\_\_\_\_\_

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**PREVIOUS EXPERIENCE:**

Please list positions starting with the most recent.

Dates Employed	Company Name	Position Title	Supervisor	Salary

Position Responsibilities and Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Employed	Company Name	Position Title	Supervisor	Salary

Position Responsibilities and Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Employed	Company Name	Position Title	Supervisor	Salary

Position Responsibilities and Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EDUCATION & TRAINING:**

	<b>Name &amp; Location</b>	<b>Did you Graduate?</b>	<b>Degree Obtained</b>	<b>Major/Subjects of study</b>
<b>High School</b>				
<b>College or University</b>				
<b>Specialized Training, Trade School, etc.</b>				
<b>Other Education</b>				

Licenses/Certification:

\_\_\_\_\_

Computer Skills: \_\_\_\_\_

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**REFERENCES:**

*Please furnish the information below of two people who you are not related and by whom you have not been employed:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you are currently employed, may we contact your present employer? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please list contact person and phone number: \_\_\_\_\_

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**OTHER INFORMATION:**

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?       YES       NO

If hired, are you willing to submit to and pass a controlled substance test?       YES       NO

If hired, are you willing to submit to a background check using fingerprints?       YES       NO

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?       YES       NO

If no, describe the essential functions you cannot perform:

\_\_\_\_\_  
(Maryville complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are there any other areas of the job description that you cannot meet?       YES       NO

If yes, what are those areas? \_\_\_\_\_

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**PLEASE READ AND INITIAL EACH PARAGRAPH AND THEN SIGN BELOW:**

\_\_\_\_ I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or any document used to secure employment can be grounds for rejection of application or, if I am employed by Maryville, terms for my immediate termination from Maryville.

\_\_\_\_ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice and by either me or Maryville (Maryville is an AT WILL EMPLOYER).

\_\_\_\_ I permit Maryville to examine my references, record of employment, education record, and any other information I have provided. I authorize the references (both professional and personal) I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Maryville, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL EMPLOYEES AT MARYVILLE INC. ARE "AT WILL EMPLOYEES".