



An Equal Opportunity Employer

1200 R Street, Suite 150 ♦ Sacramento, CA. 95811 ♦ (916) 928-7474

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT LEGIBLY)

## PERSONAL INFORMATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

If related to anyone in our company, state name and department:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Referred By:  Advertisement  Employment Agency  Relative  
 Walk - In  Friend  Other: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

On what date are you available to work? \_\_\_\_\_

Can you travel if job requires it?  Yes  No

Do you have reliable transportation?  Yes  No

Are you on a lay - off and subject to recall?  Yes  No

If under 18, can you, after employment, submit a work permit?  Yes  No

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

Do you now, or will you in the future require sponsorship for employment visa status (e.g. EAD,F1, H-1B via status) to work in the United States.     Yes     No

**EDUCATION**

Name and location of school:

**HIGH SCHOOL:** \_\_\_\_\_

Year Completed: (circle)      9      10      11      12

Did you graduate?     Yes                       No

**COLLEGE / UNIVERSITY:** \_\_\_\_\_

Degree Received: \_\_\_\_\_

Did you graduate?     Yes       No                      Subject studied: \_\_\_\_\_

\_\_\_\_\_

**TRADE SCHOOL:** \_\_\_\_\_

Did you graduate?     Yes       No                      Subject Studied: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS / CORRESPONDENCE SCHOOL:** \_\_\_\_\_

Did you graduate?     Yes       No                      Subject Studied: \_\_\_\_\_

\_\_\_\_\_

Special training, apprenticeship, skills, and subjects of special study or research work you have accomplished:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS**

(List employers, starting with the most recent.)

Dates Employed:      From: \_\_\_\_\_                      To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_                      Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

**REFERENCES**

Please provide the names of persons willing to provide professional and / or character references for you.

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

Address: \_\_\_\_\_

Business: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_

Business: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY**

In case of an emergency, notify:

1) Name: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

If referred by an employee, please list the name. Otherwise just type N/A. \_\_\_\_\_

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENT BEFORE SIGNING:**

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that may adversely affect my chances for employment. I authorize investigation of all statements contained in this application. I understand that falsification; misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application for consideration. I authorize Market One Builders, Inc. to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

I also authorize all the references that I have provided to give any information concerning my background to the Company that they consider relevant to my consideration for employment. I further release all the above – listed parties from all liability for any damages from furnishing any information, whether I agree or disagree with the form or content of the information.

I understand that the issuance of this Application does not indicate that there are any positions open.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submit your application to:**

[jobs@m1b.com](mailto:jobs@m1b.com) or 1200 R Street Suite 100, Sacramento, CA 95811 Attention: Recruiting