

Mutual Management Company

EMPLOYMENT APPLICATION

Mutual Management Company is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to race, religion, sex, national origin, age, marital, veteran status, disability or any other characteristic protected by local, state, or federal ordinance or law.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____ Salary Desired \$ _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Social Security # _____

Have you ever been known by a different last name? Yes No, if yes: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Work Phone# _____

Are you over the age of 18? Yes No
(If no, you may be required to provide authorization)

Have you ever filed an application with Mutual Management Company? Yes No When/Where: _____

Are you lawfully eligible to become employed in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you available to work: Full Time Part Time Temporary Date Available: _____

Do you have a valid driver's license? Yes No Can you travel if a job requires it? Yes No
(For driving positions only)

Are you able to adequately perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No
(If you have any questions about the functions of the job, please ask the interviewer before answering the question.)

Employees must be able to pass Kari Koskinen Manager Background Check Act

EMPLOYMENT EXPERIENCE

List each job held starting with your current or last job.

1. Employer:	Job Title:		
Address:	Dates Employed:	From:	To:
Phone:	Hourly/Salary Rate	Start:	End
Supervisor:	Reason for leaving:		
Describe Duties:			

2. Employer:	Job Title:		
Address:	Dates Employed:	From:	To:
Phone:	Hourly/Salary Rate	Start:	End
Supervisor:	Reason for leaving:		
Describe Duties:			

3. Employer:	Job Title:		
Address:	Dates Employed:	From:	To:
Phone:	Hourly/Salary Rate	Start:	End
Supervisor:	Reason for leaving:		
Describe Duties:			

4. Employer:	Job Title:		
Address:	Dates Employed:	From:	To:
Phone:	Hourly/Salary Rate	Start:	End
Supervisor:	Reason for leaving:		
Describe Duties:			

EDUCATIONAL EXPERIENCE

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School			1 2 3 4	
Technical/ Vocational			1 2 3 4	
College			1 2 3 4	
Graduate			1 2 3 4	

Other: (Describe any specialized training, apprenticeship, skills, on the job training, etc.)

REFERENCES

Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

1. Name: _____
 Address: _____ Phone: _____
 Relationship/Occupation: _____ Years Known: _____

2. Name: _____
 Address: _____ Phone: _____
 Relationship/Occupation: _____ Years Known: _____

3. Name: _____
 Address: _____ Phone: _____
 Relationship/Occupation: _____ Years Known: _____

May we contact your present employer? Yes No

AGREEMENT

As an application for employment with Mutual Management Company, I understand the following:

- Any misrepresentation or falsification of information or significant omission will be cause for rejection of my application as for subsequent discipline up to and including my dismissal from employment if discovered at a later date.
- All information (including information on any accompanying resume) is subject to verification).

Date: _____	Signature of Applicant _____
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