

MKS SERVICES LLC.
6389 US HWY 79 S
PALESTINE, TX. 75801
(903)538-2015
(903)538-2050 FAX

APPLICATION FOR EMPLOYMENT

APPLICATIONS ARE CONSIDERED ACTIVE FOR A PERIOD OF TWO WEEKS FROM DATE

NAME _____

LAST

FIRST

MIDDLE

DATE _____ DOB _____ SS# _____ HOME PH# _____

ADRESS _____

CITY

STATE

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? _____

ARE YOU A US CITIZEN? _____

ARE YOU 18 YEARS OR OLDER? _____

ARE YOU AVAILABLE FULL -TIME? _____ OVERTIME? _____

DO YOU HAVE A CURRENT FIRST AID CARD? _____

TYPE OF DRIVER'S LICENSE _____ LICENSE# _____

ANY LICENSE RESTRICTIONS? _____

IF YES, PLEASE EXPLAIN _____

WHAT EXPERIENCE, SKILLS, OR TRAINING DO YOU HAVE? (EXAMPLE:MACHINE
OPERATION)

EMERGENCY CONTACT

NAME _____ ADRESS _____ PHONE# _____ RELATIONSHIP _____

EDUCATION

SCHOOL	NAME & ADDRESS	YEARS COMPLETED	GRADUATE	
GRADE		1 2 3 4	Y	N
HIGH SCHOOL		1 2 3 4	Y	N
COLLEGE		1 2 3 4	Y	N
TRADE/TECH		1 2 3 4	Y	N

BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCLUDING MISDEMEANORS IN THE PAST SEVEN YEARS? _____ IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY CASE PENDING IN THE COURT SYSTEM NOW? _____

IF YES, PLEASE EXPLAIN _____

*CONVICTION OF A CRIME WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT

ARE YOU A US VETERAN? _____

MILITARY STATUS _____

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT JOB FIRST

EMPLOYER _____ SUPERVISOR _____

—

PHONE# _____ DATES OF EMPLOYMENT FROM _____ TO _____

TITLE/DUTIES _____ ENDING PAY _____

REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____

—

PHONE# _____ DATES OF EMPLOYMENT FROM _____ TO _____

TITLE/DUTIES _____ ENDING PAY _____

REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____

PHONE# _____ DATES OF EMPLOYMENT FROM _____ TO _____

REASON FOR LEAVING _____

HAVE YOU BEEN SHOWN A JOB DESCRIPTION LISTING ESSENTIAL FUNCTIONS OF THE JOB APPLIED FOR? _____

ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITHOUT ACCOMODATION? _____

IF AN ACCOMODATION IS NEEDED IN ORDER FOR YOU TO PERFORM THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, DESCRIBE HOW YOU WILL PERFORM THE TASK INVOLVED AND WHAT ACCOMODATION _____

ARE YOU UNDER A DOCTOR'S CARE, OR HAVE YOU BEEN IN THE LAST TWO YEARS FOR A CONDITION WHICH MAY EFFECT YOUR PERFORMANCE OF THE SPECIFIC FUNCTIONS DESCRIBED? _____ IF YES, PLEASE DESCRIBE _____

POSITION APPLYING FOR _____

PAY EXPECTATION _____

IF HIRED, WHEN CAN YOU START? _____

HIRING SUPERVISOR

HIRED _____

PENDING _____

NO HIRE _____

MKS SERVICES LLC
2803 FM 1990
PALESTINE, TX. 75801

DRUG POLICY

I understand that this company has specific policies opposing drug and alcohol abuse and possession. The company reserves the right to require employees to allow searches of their clothing, personal effects, desks, and personal vehicles. I understand that my agreement to submit to those searches or to testing for the presence of drugs or alcohol is a condition of my employment. I hereby consent to participate in such searches or tests throughout the duration of my employment. I realize that my failure to participate in such tests or searches will be grounds for immediate discipline up to and including termination.

I hereby authorize and release the employer to obtain any medical information from any physician who has examined me or who will examine me in the future and give my consent to such physician or physicians to release all medical information concerning my physical condition to the company as necessary to implement this Drug policy/program. I agree to save and hold harmless the physician from any legal action against him for releasing such information to the company.

I hereby agree to participate in the company's testing for illegal or controlled drugs or alcohol. I agree to waive, forfeit, and to not initiate or participate in any legal action of any type, as a result of that testing, which might have now or which may arise in the future on behalf of myself or any of my future representatives against the company, the laboratory, medical personnel, or any individuals which participate in any manner or fashion in such testing and evaluation. I also authorize any physicians, medical institutions, or personnel who might be or become involved in such testing or evaluation to release any and all information concerning my tests or my physical condition to the company. I specifically waive any and all claims of negligence against the company for any actions of the company, its employees, officers, directors, agents, and representatives in the implementation of the company's drug program.

I HAVE READ THIS WAIVER AND UNDERSTAND ITS CONTENTS

(Employee's Signature)

(Date)

WITNESSES:

(Name)

(Date)

(Name)

(Date)