



# Employment Application

The MHG Group of Companies  
2716 Dorr Ave.  
Fairfax, VA 22031  
(703) 876-6060  
Fax: (703) 876-6062



Programs, services and employment are equally available to everyone.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Location:  Dupont  Greenberry's

Type of Employment: Full Time:  Part Time:  Temporary:  Seasonal:

If you are under 18 and we require a work permit, can you furnish one? YES  NO  If no, please explain: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever pleaded "guilty," "no contest," or been convicted of a crime? YES  NO  If yes, give date and details: \_\_\_\_\_

Answering "yes" to these questions does not mean automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

## Education

High School: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Weekly Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	-	-	-	-	-	-	-
PM	-	-	-	-	-	-	-

Summarize your special skills or qualifications:

**Previous Employment**

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES NO

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES NO

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES NO

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature: Date:

For Office Use Only: