MTS SOLUTIONS, LLC.

Employment Application

An Equal Opportunity Employer

Please Print

_____	_____	_____	____
Date	Last Name	First Name	Middle

Present Address

_____	_____	____	_____
No. & Street	City	State	Zip Code

Permanent Address (if different from present address)

_____	_____	____	_____
No. & Street	City	State	Zip Code

_____	_____
Phone Number	Email Address

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? ..... ☐ Yes ☐ No

Regular part-time work? ..... ☐ Yes ☐ No

What days and hours are you available for work? _____

Are you available for work on weekends? ..... ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ..... ☐ Yes ☐ No

If hired, what date can you start work? _____

If hired, would you have a reliable means of transportation to and from work? ……..☐ Yes ☐ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age) ……☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ……☐ Yes ☐ No

If no, describe the functions that cannot be performed.

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to sill and agility test.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or id doing so could create conflict of interest.

Education, Training, and Experience

School	Name and Address	No of Years Completed	Did you Graduate	Degree or Diploma
High School	_____	_____	☐ **Yes** ☐ **NO**	_____
	Name			
	_____	_____ _____	_____	
	Address	City State	Zip Code	
College/University	_____	_____	☐ **Yes** ☐ **NO**	_____
	Name			
	_____	_____ _____	_____	
	Address	City State	Zip Code	
Vocational/ Business	_____	_____	☐ **Yes** ☐ **NO**	_____
	Name			
	_____	_____ _____	_____	
	Address	City State	Zip Code	

Education, Training, and Experience, continued

School Name and Address	No of Years Completed	Did you Graduate	Degree or Diploma

Other Education _____ _____ ☐ **Yes** ☐ **NO** _____
Name

_____ _____ _____ _____
Address City State Zip Code

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at MTS SOLUTIONS LLC.? ☐ Yes ☐ NO

If so, please explain: _____

_____

_____

Please List any computer software or programs skills you have worked with:

_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

_____ _____
Name of Employer Phone Number

_____ _____
Type of Business Your Supervisors Name

_____ _____ _____ _____
Address City State Zip Code

Dates of Employment: _____ _____
From To

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for reference? ……. ☐ Yes ☐ NO

Employment History
Employment History, continued

_____ _____
Name of Employer Phone Number

_____ _____
Type of Business Your Supervisors Name

_____ _____ _____ _____
Address City State Zip Code

Dates of Employment: _____ _____
From To

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for reference? ..... ☐ Yes ☐ NO

_____

_____ _____
Name of Employer Phone Number

_____ _____
Type of Business Your Supervisors Name

_____ _____ _____ _____
Address City State Zip Code

Dates of Employment: _____ _____
From To

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for reference? ..... ☐ Yes ☐ NO

Employment History
Employment History, continued

_____ _____
Name of Employer Phone Number

_____ _____
Type of Business Your Supervisors Name

_____ _____ _____ _____
Address City State Zip Code

Dates of Employment: _____ _____
From To

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for reference? ……. ☐ Yes ☐ NO

_____

_____ _____
Name of Employer Phone Number

_____ _____
Type of Business Your Supervisors Name

_____ _____ _____ _____
Address City State Zip Code

Dates of Employment: _____ _____
From To

_____
Your Position and Duties

Reason for Leaving

May we contact this employer for reference? ……. ☐ Yes ☐ NO

References

List below three individuals not related to you who have knowledge of your work performance within the last three years.

_____ _____ _____

First Name Last Name Phone Number

_____ _____

Occupation No. of Years Acquainted

_____ _____ _____

First Name Last Name Phone Number

_____ _____

Occupation No. of Years Acquainted

_____

_____ _____ _____

First Name Last Name Phone Number

_____ _____

Occupation No. of Years Acquainted

APPLICANT NOTIFICATION

MTS Solutions, LLC ("the Company") requires that you have a pre-employment drug and/or alcohol test and/ or update/periodic drug and alcohol testing. These tests are to determine your physical fitness to perform job assignments without undue hazard to yourself or fellow employees. Depending on the position, MTS Solutions, LLC employees may perform safety/environmentally/security sensitive work. The health care personnel who perform these tests are acting for this purpose only. The standard urine specimen collection method to be used by the Company will be the Supervised method. The Company may choose to use other collection methods under varying circumstances, at the Company's sole discretion. Therefore, these tests should not be interpreted as either a complete physical examination or used as a substitute for such examinations. You should still have regular physical examinations by your own doctor. At your request, the Company will provide your doctor with information concerning the testing performed. All testing results will remain confidential.

I have read the above notification and understand that the pre-employment and/or update/periodic tests required by the Company are for the purpose of determining my fitness to perform the job only and are not substitutes for regular physical examinations with my own doctor.

_____ _____

Applicant Signature/Date Witness Signature/Date