



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to gender, race, color, religion, national origin, age, disability, genetic information, protected veteran status or any other legally protected characteristic under federal or state law. We are an equal opportunity employer.

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address Number Street		City, State, Zip Code
Home or Cell Phone Number		E-Mail Address

Position(s) Applied For	Date of Application
How Did You Learn About The Position: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Do you have any relatives currently working at MW Industries? Yes No

If yes, please identify: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No N/A

Have you ever filed an application with us before?..... Yes No

If Yes, give date: _____

Have you ever been employed by us before? Yes No

If Yes, give date: _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

If hired, can you provide proof that you are legally authorized to work in the U.S.?..... Yes No

* In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form within three business days of starting work.

Do you now or will you in the future require our sponsorship for an employment-based visa? Yes No

On what date would you be available for work? _____

What is your desired salary range? _____

Are you available to work: Full Time Part Time Only Certain Hours (Specify:) _____

Can you travel if the job requires it? Yes No

If you have a written résumé, you may attach a copy. However, you must complete all sections of this application even if your résumé also provides the information requested. Do not provide any information on this application unless in response to a specific question.

MW INDUSTRIES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION – PAGE 2

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA/ DEGREE (ANY HONORS RECEIVED)
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

IF RELEVANT TO THE JOB APPLIED FOR, INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

FOR THE JOB APPLIED FOR, DESCRIBE ANY JOB-RELATED SKILLS, EDUCATION, TRAINING OR EXPERIENCE:

EMPLOYMENT EXPERIENCE – PAGE 3

Start with your present or last job. Include any job-related military service or assignments.

1	Employer	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

2	Employer	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

3	Employer	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

4	Employer	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

LIST PROFESSIONAL, TRADE, BUSINESS OR VOLUNTEER ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal gender, race, religion, national origin, age, disability, genetic information, protected veteran, or other protected status:

ADDITIONAL INFORMATION – PAGE 4

IF YOU HAVE ANY ADDITIONAL INFORMATION THAT IS DIRECTLY RELATED TO THE JOB FOR WHICH YOU ARE APPLYING THAT YOU HAVE NOT ALREADY MENTIONED ABOVE, YOU MAY INCLUDE IT BELOW.

PROFESSIONAL REFERENCES:

1.	_____	_____	()
	(Name)	(Relationship)	Phone Number
	_____	_____	
	(Employer)	(Address)	
2.	_____	_____	()
	(Name)	(Relationship)	Phone Number
	_____	_____	
	(Employer)	(Address)	
3.	_____	_____	()
	(Name)	(Relationship)	Phone Number
	_____	_____	
	(Employer)	(Address)	

APPLICANT'S STATEMENT – PAGE 5

I understand this application will be considered active for a maximum of 45 days. If I wish to be considered for employment after that time, I understand that I must reapply. I further understand that separate applications are required for each position for which I wish to be considered.

I understand that this employment application and any other Company documents provided during the application process are not promises of employment.

I understand and acknowledge that if I am hired, unless otherwise defined by applicable law, my employment relationship with the Company will be "at will," which means that I may resign at any time and the Company may discharge me at any time with or without cause or notice. I further understand that this "at will" relationship may not be changed by any written document or by conduct, express or implied, unless such change is specifically acknowledged in writing by the Company's Chief Executive Officer.

I authorize the Company to inquire with any current or former employers, professional, work, educational and personal references listed in the application, or any other individuals I may name concerning my work experience. I further authorize the Company to conduct background investigations to include criminal background checks and other consumer reports that may contain pertinent information related to my candidacy for the position desired. I understand the Company complies with the Fair Credit Reporting Act ("FCRA") and that should employment be denied based upon my background report(s), that I will be provided with a copy the relevant report, applicable eligibility standards, and a Summary of Rights Under the FCRA.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to beginning employment or anytime during employment. I agree to complete and sign all documents necessary for post-offer, pre-employment drug testing, including releasing the results to the Company.

I understand and agree that falsification of this application will lead to rejection for employment.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

For California Applicants Only: By checking this box, I waive my right to receive a copy of any Public Record obtained by the Company for employment purposes through an internal investigation.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature of Applicant

Date