



7701 Alabama Avenue  
 Canoga Park, CA 91304  
 818/710-0000  
 Fax: 818/710-9770

**NOTE: ALL OFFERS OF EMPLOYMENT ARE  
 CONTINGENT ON THE SUCCESSFUL COMPLETION  
 OF A DRUG AND ALCOHOL SCREENING**

# EMPLOYMENT APPLICATION

**MB SALES IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED ON THE BASIS OF SKILLS, EXPERIENCE, AND QUALIFICATIONS WITHOUT REGARD TO RACE, AGE, CREED, COLOR, NATIONAL ORIGIN, SEX, GENDER, MARITAL STATUS, VETERAN STATUS, THE PRESENCE OF NON-JOB RELATED MEDICAL DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.**

## PERSONAL INFORMATION

Name (Last, first, middle initial) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_ Application \_\_\_\_\_

Address (street) \_\_\_\_\_ (City, state, zip code) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Message Telephone/Pager \_\_\_\_\_

## POSITION INFORMATION

Position desired \_\_\_\_\_ Starting Salary Desired \_\_\_\_\_

Are you available to work:  Full Time  Part Time Hours Available: \_\_\_\_\_

Describe any training or special experience related to the position you are applying for: \_\_\_\_\_

Were you previously employed by MB Sales?  Yes  No If yes, specify position and dates employed: \_\_\_\_\_

Names of Friends/Relatives employed by MB Sales: \_\_\_\_\_ How were you referred to us? Please be specific: \_\_\_\_\_

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company, you will be asked to provide documentation that verifies your legal right to work in the United States. If you are unable to provide acceptable documentation, the Company cannot legally employ you. Can you provide such documentation?  Yes  No

Have you ever been you convicted of a felony?  Yes  No  
 If yes, please explain. *Conviction does not automatically exclude you from consideration for employment.*

If you are hired or transferred into a position that requires the operation of a vehicle, we will require a DMV Investigation.  
 Do you authorize investigation of your DMV record?  Yes  No Please initial here: \_\_\_\_\_  
 What is your current Driver's License Number? \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you are under the age of 18, can you provide a work permit?  Yes  No

## EDUCATION

List educational institutions you have attended:

	NAME/LOCATION	SUBJECT(S) STUDIED	DEGREES OR CREDIT
High School			
Junior College/Trade School			
University/College			

**WORK HISTORY** *List most recent employer first. You may include military service and training*

Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From:                      To:
Type of Business:	Position Held:	Ending Salary:
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		
Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From:                      To:
Type of Business:	Position Held:	Ending Salary:
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		
Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From:                      To:
Type of Business:	Position Held:	Ending Salary:
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		
Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From:                      To:
Type of Business:	Position Held:	Ending Salary:
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		

**REFERENCES** *List people who know your work. Do not include personal references.*

Name	Professional Relationship	Work Telephone Number	Home Telephone Number

**THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ THEM CAREFULLY BEFORE SIGNING THIS APPLICATION.**

I authorize investigation of all statements contained in this application. I will not hold MB Sales or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by MB Sales additional personal data may be required for determination of benefits, statistical purposes, and legal compliance.

I understand that all offers of employment are conditional on my successfully completing a drug and alcohol screening. This will be performed at the Company designated medical facility and at the Company's expense. I further understand that if this screening is not successful, all offers of employment will be withdrawn.

I also understand that if I am employed by MB Sales, my employment is at-will, that I or the company may terminate or change the employment relationship at any time, for any reason, with or without notice. I further understand that no employee of the Company has the authority to modify this understanding orally or in writing except with the written permission of the President of the Company.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO EACH AND ALL OF THESE STATEMENTS:**

\_\_\_\_\_  
Signature (Acknowledgement)

\_\_\_\_\_  
Date