



101 Kings Highway East
Haddonfield, NJ 08033
T (856) 795-6111
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M.C. Fuhrman and Associates, LLC (MCFA) is an equal opportunity/affirmative action employer. MCFA considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran or disability status. Any applicant who requires a reasonable accommodation to complete this application should notify the Company's representative.

Application for Employment

Date of Application

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ **Telephone** _____ **Social Security Number** _____
(area code) (alternate)

Position(s) Applied For: _____

Referral Source: Advertisement Relative Walk-In Employment Agency
Friend Other

Name of person who referred you _____

If employed and you are under 18, can you furnish a work permit? Yes No Not applicable

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No **May we contact your present employer?** Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work?

Are you available to work **Full-Time** **Part-Time** **Shift Work** **Temporary**

Are you on a lay-off and subject to recall **Yes** **No**

Are you available for overtime **Yes** **No**

Can you travel if the job requires it? **Yes** **No**

Have you been convicted of a felony within the last 7 years? **Yes** **No**
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain

Military Service

Were you in the Military Services? **Yes** **No** If yes, what branch?

Dates of Duty : **From:** **To:** **Rank at discharge**

List duties including special training

Education

	School	Degree/Diploma	GPA	Major	Minor
High School					
College or					
Graduate					
School					
Technical					
School					
Professional					
Training					
Other					

Skills and Qualifications: Summarize special skills, qualifications, licenses or certificates you have acquired.

List clubs, organizations, civic, or other groups you have been associated within the past and present (include any offices you may have held). (You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status).

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Employment History

Start with your present or last job. May we contact your present employer? Yes No

Present Company? _____

Address _____

Street City State Zip Code

Employed From: _____ to _____ Your Job Title: _____
mo / yr mo / yr

Job Responsibilities _____

Salary History Start _____ Finish _____

Supervisor's Name _____ Phone Number _____

Reason for Leaving _____

Present Company? _____

Address _____

Street City State Zip Code

Employed From: _____ to _____ Your Job Title: _____
mo / yr mo / yr

Job Responsibilities _____

Salary History Start _____ Finish _____

Supervisor's Name _____ Phone Number _____
Reason for Leaving _____

Present Company? _____
Address _____
Street _____ City _____ State _____ Zip Code _____

Employed From: _____ to _____ Your Job Title: _____
mo / yr mo / yr

Job Responsibilities _____

Salary History Start _____ Finish _____

Supervisor's Name _____ Phone Number _____
Reason for Leaving _____

Please account for all periods of time that you were not employed.

References

List (3) business references. If not applicable, list three school or personal references who are not related to you.

Name	Telephone Number	Years Known

List any additional information or comments you feel would be of interest.

Applicant's Statement

I certify that the foregoing statements and answers are true and complete to the best of my knowledge and belief. I understand that misrepresentation or false statements on this application or interviews would be sufficient cause for rejection of this application or for immediate dismissal of employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I authorize the MCFA, or any third party representing the Company, the right to make a thorough investigation of my past education, employment and references. I authorize the employers, schools or persons to forward any information they may have regarding me to MCFA, or any third party representing the Company.

I understand that should I be employed by MCFA, my employment will be "at will" meaning that my employment may be terminated at any time, at the option of either the Company or myself. Neither this document, nor any offer of employment I may receive from MCFA constitutes an employment contract unless a specific document to that affect is executed by the Company and me in writing. I further understand that other than an authorized Officer, no representative of the Company has the authority to make assurances verbally or in writing.

I understand and agree that if an offer of employment is made to me by MCFA, it will be necessary for me to produce proof of identity and work authorization, as required by law, prior to the commencement of my employment with the Company.

I have read and fully understand and seek employment under the foregoing conditions.

Signature of Applicant

Date:

Thank you for your application.