

PROVIDE A COMPLETE LIST OF ALL EMPLOYMENT BEGINNING WITH YOUR MOST RECENT JOB (including military service). Use additional pages if necessary.

NOTE: IF YOU WERE EMPLOYED UNDER ANOTHER NAME, PLEASE INDICATE IT IN THE APPROPRIATE SPACE, TO FACILITATE OUR CHECKING REFERENCES NEEDED TO VERIFY QUALIFICATIONS.

| | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------|------|-------|------|-----------------------------------------|--|----------|--|------------------------------|--|--------------------|--|
| COMPANY | | | | ADDRESS | | | | CITY AND STATE | | ZIP CODE | |
| TYPE OF BUSINESS | | | | | | | | | | | |
| NAME YOU USED AS EMPLOYEE | | | | STARTING TITLE | | # HRS/WK | | NAME OF YOUR SUPERVISOR | | AREA CODE TEL. NO. | |
| | | | | LAST TITLE | | | | | | | |
| DATES: FROM | | TO | | DESCRIBE BRIEFLY TYPE OF WORK PERFORMED | | | | | | | |
| MONTH | YEAR | MONTH | YEAR | | | | | | | | |
| | | | | | | | | | | | |
| STARTING SALARY | | | | FINAL SALARY | | | | REASON FOR LEAVING (EXPLAIN) | | | |
| \$ WK | | \$ WK | | | | | | | | | |
| IF PRESENTLY EMPLOYED, HOW MUCH NOTICE OF RESIGNATION WOULD YOU BE REQUIRED TO GIVE? (CIRCLE ONE) | | | | | | | | | | | |
| | | | | 1 | | 2 | | 3 | | 4 WEEKS | |
| CAN WE CONTACT YOUR PRESENT EMPLOYER? (CIRCLE ONE) YES NO | | | | | | | | | | | |

| | | | | | | | | | | | |
|---------------------------|------|-------|------|-----------------------------------------|--|----------|--|------------------------------|--|--------------------|--|
| COMPANY | | | | ADDRESS | | | | CITY AND STATE | | ZIP CODE | |
| TYPE OF BUSINESS | | | | | | | | | | | |
| NAME YOU USED AS EMPLOYEE | | | | STARTING TITLE | | # HRS/WK | | NAME OF YOUR SUPERVISOR | | AREA CODE TEL. NO. | |
| | | | | LAST TITLE | | | | | | | |
| DATES: FROM | | TO | | DESCRIBE BRIEFLY TYPE OF WORK PERFORMED | | | | | | | |
| MONTH | YEAR | MONTH | YEAR | | | | | | | | |
| | | | | | | | | | | | |
| STARTING SALARY | | | | FINAL SALARY | | | | REASON FOR LEAVING (EXPLAIN) | | | |
| \$ WK | | \$ WK | | | | | | | | | |

| | | | | | | | | | | | |
|---------------------------|------|-------|------|-----------------------------------------|--|----------|--|------------------------------|--|--------------------|--|
| COMPANY | | | | ADDRESS | | | | CITY AND STATE | | ZIP CODE | |
| TYPE OF BUSINESS | | | | | | | | | | | |
| NAME YOU USED AS EMPLOYEE | | | | STARTING TITLE | | # HRS/WK | | NAME OF YOUR SUPERVISOR | | AREA CODE TEL. NO. | |
| | | | | LAST TITLE | | | | | | | |
| DATES: FROM | | TO | | DESCRIBE BRIEFLY TYPE OF WORK PERFORMED | | | | | | | |
| MONTH | YEAR | MONTH | YEAR | | | | | | | | |
| | | | | | | | | | | | |
| STARTING SALARY | | | | FINAL SALARY | | | | REASON FOR LEAVING (EXPLAIN) | | | |
| \$ WK | | \$ WK | | | | | | | | | |

LIST ADDITIONAL EMPLOYMENT HISTORY: (include Employer Name & Location, Job Held, and Dates of Employment)

GIVE DATES AND REASONS FOR ALL PERIODS DURING WHICH YOU WERE UNEMPLOYED: _____

RECORD OF EDUCATION

| | NAME OF SCHOOL | ADDRESS | COURSE-DEGREE | DID YOU GRADUATE? | | NO. OF YEARS COMPLETED |
|----------------------------------------------------------------------------------------|----------------|---------|---------------|--------------------------|--------------------------|------------------------|
| | | | | YES | NO | |
| HIGH SCHOOL | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COLLEGE (UNDERGRADUATE) | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GRADUATE SCHOOL | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| OTHER TRAINING RELEVANT TO THE JOB YOU ARE SEEKING OR COURSES YOU ARE PRESENTLY TAKING | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

DRIVER'S LICENSE

State Issued From: _____ License #: _____

Expiration Date: _____
 Month / Day /Year

REGISTRATION: IF REGISTERED, CERTIFIED OR POSSESS A LICENSE, COMPLETE THE FOLLOWING:

| | | | |
|-------------------------------------|--------|-----------------|-----------------------------------|
| REGISTRATION OR CERTIFICATION TITLE | NUMBER | EXPIRATION DATE | PLACE OF ISSUANCE (CITY OR STATE) |
| REGISTRATION OR CERTIFICATION TITLE | NUMBER | EXPIRATION DATE | PLACE OF ISSUANCE (CITY OR STATE) |

OTHER SKILLS

| CLERICAL | COMPUTER SKILLS | MAINTENANCE | OTHER SKILLS (List) |
|---------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|---------------------|
| Dictaphone <input type="checkbox"/> <input type="checkbox"/> Other (list) _____ | MS Word <input type="checkbox"/> | Carpenter <input type="checkbox"/> | |
| Medical Terminology <input type="checkbox"/> _____ | Excel <input type="checkbox"/> | Electrician <input type="checkbox"/> | |
| Switchboard <input type="checkbox"/> _____ | Powerpoint <input type="checkbox"/> | Painter <input type="checkbox"/> | |
| Cashier <input type="checkbox"/> _____ | Access <input type="checkbox"/> | Plasterer <input type="checkbox"/> | |
| Shorthand _____ wpm <input type="checkbox"/> _____ | <input type="checkbox"/> Other _____ | Plumber <input type="checkbox"/> | |
| Typing _____ wpm <input type="checkbox"/> _____ | | Refrigeration <input type="checkbox"/> | |

MILITARY SERVICE

| | | |
|----------------------------------------------------------------------------------------------------------------------|------------|----------------|
| BRANCH OF SERVICE | FINAL RANK | SERVICE NUMBER |
| SERVICE SCHOOL OR SPECIAL EXPERIENCE GAINED IN THE MILITARY SERVICE RELATED TO POSITION APPLIED FOR | | |
| DID YOU RECEIVE ANYTHING OTHER THAN AN HONORABLE DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please explain: _____ | | |
| ARE YOU: <input type="checkbox"/> Retired <input type="checkbox"/> Reserves | | |

BACKGROUND INFORMATION

Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses? Yes No
If yes, give details: _____

Have you ever been discharged for fighting, assault or related offenses? Yes No
If yes, give details: _____

Have you ever been disciplined or discharged for being under the influence of alcohol or drugs or for possession or use of alcohol or drugs on the job? Yes No
If yes, give details: _____

Have you ever been disciplined or discharged for violating safety rules? Yes No
If yes, give details: _____

Have you ever been disciplined or discharged for insubordination? Yes No
If yes, give details: _____

Have you had any unauthorized absences in the past year? Yes No
If yes, give details: _____

Have you ever been disciplined or discharged for unsatisfactory performance? Yes No
If yes, give details: _____

Other than traffic violations, have you ever been convicted of a crime which has not been annulled or sealed by the court? Yes No
If yes, please state the nature of the offense and date of the conviction? _____

(Conviction does not automatically exclude you from consideration of employment)

Acknowledgement: I understand that this employment application and any other MH document are not contracts of employment and that any individual who is hired may voluntarily leave employment and may be terminated by MH at any time and for any reason. I understand that no employee or representative of MH other than the President, has the authority to enter into an agreement for employment for any specified period of time and recognize that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon.

I understand that my employment with MH is contingent upon the satisfactory completion of a physical examination including a drug and alcohol screen and the receipt of a satisfactory recommendation from former employers and references. I recognize further that I may be required to submit to any additional physical examinations and/or drug alcohol tests as may be required by MH during the course of my employment in connection with the fitness for duty guidelines. I understand MH has a number of facilities and recognize that I may be required to work in facilities and on shifts other than that to which I am initially assigned.

I certify that the statements made on this application are true and correct, and thereby grant MH permission to verify the information contained herein. I understand that giving false information or the failure to give complete information as requested herein shall constitute grounds among others for rejection of my application or my dismissal in the event of my employment.

If I am applying for a position which requires a high school diploma, GED, undergraduate or graduate degree, license, registration or certification, I understand I will be required to submit the original document(s) and/or transcripts if applicable, before final acceptance to the position.

SIGNATURE

DATE