



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization. Marc Community Resources, Inc. is an Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, disability status, protected veteran status, or any other characteristics protected by law. Due to State Licensing requirements, applicants must be, at a minimum, 18 years old, and to be a driver Marc’s insurance requires you to be a minimum of 21 years old.

EMPLOYMENT INTERESTS

Position Applying For:	Date Available:	Referred by:
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PERSONAL INFORMATION

Last Name:	First Name:	Middle:																								
Home Address:		City State Zip Code																								
Phone Number:	Email:																									
Days and Hours available:		Are you interested in: (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary _____ Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percentage? _____ %																								
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Tues</td> <td style="padding: 2px;">Wed</td> <td style="padding: 2px;">Thurs</td> <td style="padding: 2px;">Fri</td> <td style="padding: 2px;">Sat</td> <td style="padding: 2px;">Sun</td> </tr> <tr> <td style="padding: 2px;">From</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">To</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	From								To									
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From																										
To																										

EDUCATION

Type of School	Name and Location of School	City, State	Degree/ Area of Study	Number of years attended	Graduated? (check one)
High School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

1.	Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you at least 21 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are you able to lift 50 lbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes give the dates:			
5.	Do you have a current Arizona Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you have 39 months driving experience with a clear record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, list violations:			
7.	Are you authorized to work in the U.S.? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you currently have a DPS Level 1 Fingerprint Clearance Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you ever been convicted of a crime other than a minor traffic violation? (Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.) The existence of a criminal record will not automatically disqualify you from the job which you are applying for.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL/ PROFESSIONAL REFERENCES

Prefer at least one reference from a previous employer. References cannot be a family member.

Name	Phone Number	Relationship	How long have you known this person (Years/Months)

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military services and any periods of unemployment. If self-employed, give company name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Please indicate if employed under different name. _____

Employer Name & Address:	Employer Phone Number:	Position Title:	Supervisor:
	Start Date:	End Date:	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Duties/ Skills:	Reason for Leaving:	
Employer Name & Address	Employer Phone Number:	Position Title:	Supervisor:
	Start Date:	End Date:	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Duties/ Skills:	Reason for Leaving:	
Employer Name & Address	Employer Phone Number:	Position Title:	Supervisor:
	Start Date:	End Date:	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Duties/ Skills:	Reason for Leaving:	

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Marc Community Resources, Inc. (Marc) to verify their accuracy and to obtain reference information on my work performance. I hereby release Marc from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment with Marc. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Marc may terminate my employment at any time with or without notice or cause.

If a job offer is made, I consent to the release of personal information needed to perform a background check, through Merchants Information Solutions, Inc., and/or a Motor Vehicle Report (MVR), for select positions. I understand that this is not a one-time consent. Marc may run my background check and/or my MVR during pre-employment, annually and following any reported violations of Marc policies and procedures.

Applicant Signature

Date



Voluntary Self-Identification Form Application Addendum

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete the EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions for employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the Human Resources department.

Name: _____ Date: _____

Position applying for: _____

How did you learn about us? (Place an "X" by one of the options below):

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employment Agency _____ | <input type="checkbox"/> Employee Referral: _____ |
| | <input type="checkbox"/> Minority Group Referral _____ | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Community/
Voc. Rehab Organization _____ |

Gender (Place an "X" by one of the options below):

- Male Female

Check one of the following (Place an "X" by one of the options below):

- | | | |
|--|--|---|
| <input type="checkbox"/> No Military Service | <input type="checkbox"/> Other Veteran | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Disabled Individual | <input type="checkbox"/> Vietnam Era Veteran | |

Race/Ethnic Group (Place an "X" by the description below corresponding to the ethnic group with which you identify):

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** (Not of Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (Not of Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not of Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native** (Not of Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races** (Not of Hispanic or Latino): All persons who identify with more than one of the above six races.

Please return to HR department once the form has been completed.