

Metropolitan Energy Center (the "Company") is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, sex, gender identity and expression, sexual orientation, genetic information, national origin, ancestry, age, disability, veteran status, or any other legally protected status.

Last Name	First Name	Middle Name

Street Address	City	State	Zip

Telephone Number	Best Time to Call

Position(s) Applied For	Date of Application

How did you learn about us?		
<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 _____

Have you ever filed an application with us before? <i>If Yes, give date _____</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been employed with us before? <i>If Yes, give date _____</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
On what date would you be available to start work? _____		
Are you available to work (check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Days and hours available to work: _____	Salary Requested:	\$ _____
Can you travel if a job requires it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you provide documentation of your eligibility to work in the United States? <i>Proof of eligibility to work in the United States will be required upon employment.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION SKIP information that is provided on attached resume				
<i>It is not necessary to include any dates of attendance or completion.</i>				
	Name and Address of School	Course of Study	Number of Years Completed	Degree
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				
Please list any scholarships, academic honors or special achievements:				

PROFESSIONAL ACTIVITIES
List professional, trade, business or civic activities and offices held. <i>You may exclude membership that would reveal gender, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.</i>

SPECIALIZED SKILLS
Describe any specialized training, apprenticeship, skills and extra-curricular activities.

LANGUAGES
List any foreign languages that you are able to speak, read and/or write fluently.

EMPLOYMENT EXPERIENCE SKIP information provided on attached resume

Begin with your most recent employment and continue with all past employment. Attach additional sheets if necessary.

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

REFERENCES
List the names and telephone numbers of three work or school references who are not related to you and are not previous supervisors, and include a description of their relationship to you and the number of years you have known them. The Company may contact the below references in considering your application.
1.
2.
3.

APPLICANT STATEMENT	
<p>I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.</p> <p>I understand this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to reapply.</p> <p>I authorize investigation of all statements contained in this application. I release from liability anyone supplying such information and I also release the Company from all liability that might result from its investigation.</p> <p>I further understand that the Company may condition any offers of employment on the results of a background check and/or a drug test. If hired, I agree to abide by all of the Company’s rules and policies. I further understand that, if employed, my employment will be <i>at will</i>, unless otherwise provided in an employment agreement signed by an authorized representative of the Company. I understand that this means that I will be employed for an indefinite period of time and my employment may be terminated at any time either by me or the Company. I further understand that no representation, whether oral or written, by any representative or agent of the Company will constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.</p> <p>I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.</p>	
Signature of Applicant:	Date: