

MILITARY & FEDERAL CONSTRUCTION COMPANY, INC.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

PERSONAL

(Please Print)

| | | | |
|---|-------|--------|--|
| Last Name | First | Middle | Date |
| Street Address | | | Home Telephone () |
| City, State, Zip | | | Social Security # |
| Position Desired | | | Pay Expected |
| Are you available for full-time work ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | When will you be available to begin work? _____ |
| Have you ever been convicted of any crime? Excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Describe in Full. | | | |

EDUCATION

| School | Name and Location of School | No. of Years | Did you Graduate? | Degree of Diploma |
|------------------------------|-----------------------------|--------------|---|-------------------|
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business / Trade / Technical | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other (Specify) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Military Background

| | | |
|-------------------------|--|-------|
| Number of Years Served: | | Sex: |
| Branch of Service: | | Race: |
| Vietnam Service: | | Age: |
| Persian Gulf Service: | | |
| Others? | | |

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

| | | | |
|----------------------------|----------------------|-------|---|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate / Salary | | |
| | Starting | Final | |
| Starting-Present Job Title | \$ | \$ | |
| Reason for Leaving | | | May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|----------------------|-------|---|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate / Salary | | |
| | Starting | Final | |
| Starting-Present Job Title | \$ | \$ | |
| Reason for Leaving | | | May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|----------------------|-------|---|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate / Salary | | |
| | Starting | Final | |
| Starting-Present Job Title | \$ | \$ | |
| Reason for Leaving | | | May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|----------------------|-------|---|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate / Salary | | |
| | Starting | Final | |
| Starting-Present Job Title | \$ | \$ | |
| Reason for Leaving | | | May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe any job-related training received in the United States Military.

List other Special Training or skills:

Personal / Professional References

(Do not include family members or past supervisors)

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| | | | |
| | | | |
| | | | |

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutes and "references" I provided, and any other party necessary to verify the accuracy of information I disclose in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

I hereby understand and acknowledge, that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by an written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature

MVR Request Form

COMPANY NAME OR EMPLOYER:

Military & Federal Construction Company, Inc.

EMPLOYER'S ADDRESS:

846 Bell Fork Road

Jacksonville, NC 28540

Name of Job Applicant / Employee:

Address:

Date of Birth:

Drivers' s License Number:

State Driver's License was Issued:

Date

Applicant Signature

Applicant's Printed Name

Please Fax Request To:

Fax Phone Number:
