

**METRO LEGAL SERVICES, INC**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Current address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street City State Zip

Permanent address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street City State Zip

Referral source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_

Are you legally eligible for employment in the USA? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Would you work full time? \_\_\_\_\_ Part time? \_\_\_\_\_

What is your expected pay rate? \_\_\_\_\_

If your application is considered favorably, on what date will you be available? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work in our organization?

\_\_\_\_\_  
\_\_\_\_\_

What are your immediate work objectives and how does Metro Legal Services fit in?

\_\_\_\_\_  
\_\_\_\_\_

**RECORD OF EDUCATION**

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL	_____		9 10 11 12	[ ] YES [ ] NO	
	_____				
COLLEGE	_____		1 2 3 4	[ ] YES [ ] NO	
	_____				
GRADUATE	_____		1 2 3 4	[ ] YES [ ] NO	
	_____				
OTHER – SPECIFY	_____		1 2 3 4	[ ] YES [ ] NO	
	_____				

## EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent.

Name, Address and Type Of Business	From		To		Describe the Work You Did	Beginning & Ending Wage/ Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Telephone:								

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Telephone:								

Name, Address and Type Of Business	From		To		Describe the Work You Did	Beginning & Ending Wage/ Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Telephone:								

Are you currently employed? \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate the one(s) you do not wish us to contact.

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**PERSONAL REFERENCES**  
(NOT FORMER EMPLOYERS OR RELATIVES)

NAME	ADDRESS	PHONE NUMBER

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch \_\_\_\_\_

Dates of duty: \_\_\_\_\_

**If you are applying for a driving position, please answer all the questions on this page. If you are not applying for a driving position, proceed to the next page.**

Discrimination based on race, color, creed, religion, national origin, sex, marital status, affectional orientation, age, disability, or status with regard to public assistance is prohibited by law. Many of the following questions are necessary in order for Metro Legal to comply with State and Federal laws governing its Courier Services Permit.

List the state, number and expiration date of any driver's license(s) that has been issued to you: \_\_\_\_\_

\_\_\_\_\_

Do you own a dependable, insured auto for use on the job? \_\_\_\_\_

Please indicate make, model and year of your vehicle: \_\_\_\_\_

\_\_\_\_\_

State the nature and extent of your experience in the operation of motor vehicles indicating the type of equipment you have operated:

\_\_\_\_\_

\_\_\_\_\_

What is the name of your automobile insurance company and your policy number?

\_\_\_\_\_

What is the extent of your insurance coverage. Please be specific with regard to limits with regard to bodily injury, property damage and the related deductibility amounts:

\_\_\_\_\_

\_\_\_\_\_

List all motor vehicle accidents in which you were involved in the last 3 years. Specify the date and nature of each accident and any fatalities or personal injuries resulting from the accidents:

\_\_\_\_\_

\_\_\_\_\_

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted during the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any license, permit or privilege to operate a motor vehicle, which has been issued to you, denied, revoked or suspended? If yes, specify the facts and circumstances surrounding such denial, revocation or suspension:

\_\_\_\_\_

\_\_\_\_\_

If you are applying for a driving position, any offer of employment is conditional on your successfully completing a physical examination that will also include a drug and alcohol test.

If you are offered employment with Metro Legal Services, will you agree to sign an Employment Contract which includes a promise not to compete with Metro Legal during employment and for two years after termination of your employment?

\_\_\_\_\_

Have you been convicted of a felony or misdemeanor offense other than traffic violations? \_\_\_\_\_

If yes, name the felony or misdemeanor and describe the circumstances. A conviction will not necessarily bar you from employment.

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any agency of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I understand and agree that if I am hired, my employment is for no definite period and that either the company or I may terminate my employment for any or no reason.

\_\_\_\_\_  
Signature of Applicant

FOR INTERVIEWER USE ONLY:

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired? \_\_\_\_\_ Position \_\_\_\_\_ Office \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date reporting to work \_\_\_\_\_

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date

Schedule Worksheet

Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

This worksheet is used to determine your work schedule. It asks you to indicate how much you would like to work and when you are available.

Your work schedule will be set up around "shifts" that average about 4 hours in length. Your shift may begin at any time throughout the day, depending on your availability, and you may work two "shifts" per day.

Number of weekly "shifts" (approx. 4 hours) desired: \_\_\_\_\_ Min. \_\_\_\_\_ Max.

Number of weekly hours desired: \_\_\_\_\_ Min. \_\_\_\_\_ Max.

Below, please list all classes, extra-curricular activities, other jobs, and obligations. Be complete, and indicate the extra times class or other job, etc., begin and end. Also specify the type of commitment (i.e., class, basketball, job).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 a.m.						
9:00 a.m.						
10:00 a.m.						
11:00 a.m.						
12:00 p.m.						
1:00 p.m.						
2:00 p.m.						
3:00 p.m.						
4:00 p.m.						
5:00 p.m.						
6:00 p.m.						
7:00 p.m.						
8:00 p.m.						
Evening						

How long can you commit yourself to the schedule you've indicated above?

From: \_\_\_\_\_ Until: \_\_\_\_\_