

MMA Carpet Restoration

Base Location: Charlotte Raleigh Chicago D.C. (circle one)

Everything must be filled out completely and signed or this application will not be processed. Attaching a resume will not be considered the same as completely filling out this application.

We drug test all applicants before the first day of work. If you do not wish to be tested, do not continue with this employment application.

Application for Employment

Position Desired _____ Full Time Part Time Date: _____

Personnel Information

Name: _____
 (Print) Last First Middle

Address: _____ How Long: _____
 Street/Number City State Zip

Previous Address:
 _____ How Long: _____
 Street/Number City State Zip

Telephone Number: (____) _____ - _____ Social: _____ - _____ - _____

Have you ever worked for this company before? Yes No

(If yes, give dates and details) _____
 From To Position

Have you ever plead guilty, "No Contest" to, or been convicted of a misdemeanor or felony? Yes No

(If yes, give dates and details) _____
 Date Details

Note: Answering "yes" to this question does not constitute an automatic bar to employment.

APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment with this company, I will comply with all the rules and regulations of this company. I understand that the company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law, I also understand that any offer of employment may be contingent upon the passing of a physical and/ or a test for the presence of controlled substances, or alcohol in my system, performed by a vendor selected by the company. Further, I understand that I may be required to take other test such as personality and honesty test; prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment terminated. I understand that bonding may be a condition hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others whom I am acquainted. This inquiry includes information at to my character, general characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the company may contact my previous employers and I authorize those employers to disclose to the company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against former employers, their agents, employees, and representatives as well as other individuals who release information to the company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the company with any pertinent information they may have regarding me. The company reserves the right to obtain a Consumer Credit Report on you to evaluate your application for employment. If such a report is used, we will obtain the report from a reporting agency of our choice.

I hereby state that all the information that I provide on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorable. I understand that if I am employed and any such information is later found to be false, or incomplete in any respect, I may be dismissed. I understand if selected for hire it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and may be terminated by the company (employer) or by me at any time and for any reason whatsoever, with or without good cause. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President or CEO of the company; has any authority to make agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the company or employee to terminate employment or compensation with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company on this subject.

I agree that any claim, dispute, or controversy (including, but not limited to, any and all claims of discrimination and harassment) which otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans), or between myself and any other person or entity for whom I am required to perform services pursuant of my employment with the Company, arising from, related to, or having any relationship or connection whatsoever with my seeking emolument with, employment by, or other association with the Company, whether based on tort, contract, statutory or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Department of Workforce Service claims), shall be submitted to and determined exclusively by binding arbitration pursuant to the Federal Arbitration Act. In conformity with the procedures of the American Arbitration Association under its national Rules for the Resolution of Employment Disputes, and judgment based upon the decision or award made by the arbitrator(s) in such arbitration may be entered in any court having jurisdiction thereof.

If you have any questions regarding this statement please ask a Company representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AGREEMENT.

Printed Name of Applicant:

Date:

Signature of Applicant:

Personal References

Please list people who you know well – not previous employers or relatives.

| Name | Occupation | Address | Telephone |
|------|------------|---------|-----------|
| | | | |
| | | | |
| | | | |

Education

| | | | |
|-------------------------------|---|----------------|--|
| High School: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | Study Emphasis/ Skills/ Experience: |
| College/University: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | Study Emphasis/ Skills/ Experience: |
| Graduate/Professional: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | Study Emphasis/ Skills/ Experience: |
| Trade/Correspondence: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | Study Emphasis/ Skills/ Experience: |
| Other: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | Study Emphasis/ Skills/ Experience: |

In the event of a medical emergency, the following people and emergency medical personnel should be contacted:

Contact 1: _____

Phone: _____

Relationship: _____

Contact 2: _____

Phone: _____

Relationship: _____

Previous Employment

Each company entry must be accompanied by a phone number.

| | | | |
|---|---|--|---|
| _____ Previous Employer _____ City, St, Zip Phone (____) _____ | Employed _____ From (Mo/Yr) _____ To (Mo/Yr) _____ | Pay _____ Start \$ _____ Final \$ _____ | Positions _____ Title _____ Supervisor _____ |
| Reason for Leaving: _____ | | | |
| _____ Previous Employer _____ City, St, Zip Phone (____) _____ | Employed _____ From (Mo/Yr) _____ To (Mo/Yr) _____ | Pay _____ Start \$ _____ Final \$ _____ | Positions _____ Title _____ Supervisor _____ |
| Reason for Leaving: _____ | | | |
| _____ Previous Employer _____ City, St, Zip Phone (____) _____ | Employed _____ From (Mo/Yr) _____ To (Mo/Yr) _____ | Pay _____ Start \$ _____ Final \$ _____ | Positions _____ Title _____ Supervisor _____ |
| Reason for Leaving: _____ | | | |

May we contact your current employer? Yes No

Details or Instructions: _____

Have you ever been terminated or asked to resign? Yes No

If yes, please explain: _____

Please explain any gaps in your employment history (if applicable). _____

Do you have adequate transportation to and from work? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Please indicate any actual experience; special training, and/ or qualifications that you have which you feel are relevant to the position for which you are applying: _____

Traffic Convictions/ Forfeitures for the past three years –excluding Non-moving violations.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
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Explanations: _____

(Continue on back of page if necessary)

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Printed Name:

Date:

Signature: