

Employment Application An Equal Opportunity Employer

Mo's Universe Group is an equal opportunity employer and does not discriminate against otherwise qualified applicants on any basis that is protected under Federal, State, or Local law. If you require a reasonable accommodation to participate in the recruitment process, including completing this application, please contact Joe Kraft, Human Resources at (619) 491-0400.

General Inform	<u>nation</u>				
Please Print					
 Date	Last Name		First Name		M.I.
Current Street					
City		State	Zip Code		
Permanent Ad	dress (if different fro	om current addres	ss)		
Email Address		() Home Pho	 ne	() Cell Phone	
Employment D	Desired				
Position applyi	ng for:				
General Inform	nation				
How did you h	ear about our Comp	any and this job c	opening?		
Have you ever	applied to or worke	d for Mo's Univer	se Group before?	Yes	No
If yes, when? _					

Yes

No

Do you have any friends or relatives working for Mo's Universe Group?

If yes, state name(s) and relationsh	ip:		
Name	Relationship		
Name	Relationship		
•	present employees if doing so could result afety, or morale, or if doing so could create	•	
If hired, would you have a reliable r	means of transportation to and from work	? Yes	No
Are you at least 18 years old? (If under 18, hire is subject to verifi	cation that you are of minimum legal age.)	Yes	No
Are you able to perform the essent applying, either with or without rea	ial functions of the job for which you are asonable accommodation?	Yes	No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training, and Experience

School Type	School Name/ Address	Years	Did you	Diploma/ Degree
		Completed	Graduate?	Earned
High School			Yes/No	
College			Yes/No	
Graduate School			Yes/No	
Vocational			Yes/No	
Health Care Training			Yes/No	

Employment History

List below all present and past employment (last five years is sufficient) starting with your most recent employer. Account for all periods of unemployment. *You must complete this section even if attaching a resume.*

Employer Name/Address:		Phone #:
Type of Business:		Job Title:
Dates of Employment (month/year):	to	
Primary Duties:		Supervisor/Title:
Reason for Leaving:		Call for reference? Y N
Employer Name/Address:		Phone #:
Type of Business:		Job Title:
Dates of Employment (month/year):	to	
Primary Duties:		Supervisor/Title:
Reason for Leaving:		Call for reference? Y N
Employer Name/Address:		Phone #:
Type of Business:		Job Title:
Dates of Employment (month/year):	to	
Primary Duties:		Supervisor/Title:
Reason for Leaving:		Call for reference? Y N

Note: Attach additional page(s) if necessary.

References

List three persons within the last thr		ted to you and have knowled	lge of your work performance
First Name	Last Name	() Telephone No.	Email Address
Occupation		Numb	per of Years Acquainted
First Name	Last Name	() Telephone No.	Email Address
Occupation		 Numb	per of Years Acquainted
First Name	Last Name	() Telephone No.	Email Address
Occupation		 Numb	per of Years Acquainted

Required

Please Read Carefu	ully, Initial Each Paragraph and Sign Below:
my chances my knowled application. on any docu	ertify that I have not knowingly withheld any information that might adversely affect for employment, and that the answers given by me are true and correct to the best of dige. I further certify that I, the undersigned applicant, have personally completed this. I understand that any omission or misstatement of material fact on this application of understand to secure employment shall be grounds for rejection of this application of attentions are discharge if I am employed, regardless of the time elapsed before discovery.
education a references information addition, I h partnership	uthorize Mo's Universe Group to thoroughly investigate my references, work recording other matters related to my suitability for employment and, further, authorize the I have listed to disclose to the company any and all letters, reports and other related to my work records, without giving me prior notice of such disclosure. In the presence of such disclosure is and associations from any and all claims, demands or liabilities arising out of or in an I to such investigation or disclosure.
may be grai between m employmer without pri representat	nd that nothing contained in the application, or conveyed during any interview which need or during my employment, if hired, is intended to create an employment contract e and the Company. In addition, I understand and agree that if I am employed, must is for no definite or determinable period and may be terminated at any time, with own or notice, at the option of either myself or the Company, and that no promises own contrary to the foregoing are binding on the Company unless made in writing and the Company's designated representative.
to work in	nce with federal law, all persons hired will be required to verify identity and eligibility the United Stated and to complete the required employment eligibility verification form upon hire.
 Date	Applicant's Signature