

Materials Testing & Consulting, Inc.

Geotechnical Engineering & Consulting • Special Inspection • Materials Testing • Environmental Consulting



MTC Job Application

Position applied for: _____ Salary Desired: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: () _____ () _____
Day Night

Social Security #: _____ Verified By: _____

Do you have friends or relatives working for MTC? Yes No

Names: _____

If hired, can you provide proof of your right to work in the United States? Yes No

May we contact your present employer? Yes No

Have you been convicted or released from prison for a conviction of a felony within the last 7 years? Yes No

If yes, State the circumstances. (A conviction record will not necessarily bar you from employment.)

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations?

EDUCATION

	Name, City, State, Zip	Major or Yrs. Completed	Graduated/Degree
High School		Last Grade Completed:	
College or University			
College or University			
Trade or Technical			
Additional Educational Information, Special Courses/Professional Organizations/Registrations			

Corporate ~ 777 Chrysler Drive • Burlington, WA 98233 • Phone (360) 755-1990 • Fax (360) 755-1980
SW Region ~ 2118 Black Lake Blvd, SW • Olympia, WA 98512 • Phone (360) 534-9777 • Fax (360) 534-9779
NW Region ~ 2126 East Bakerview Rd., Suite #101 • Bellingham, WA 98226 • Phone (360) 647-6061 • Fax (360) 647-8111

Visit our website: www.mtc-inc.net

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Employment History

In this space, account for all time for the past 10 years whether working or not. Start with the most recent employer. Include military service, and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name and one business reference.

From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:	What did you do?	
Reason for Leaving:		
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:	What did you do?	
Reason for Leaving:		
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:	What did you do?	
Reason for Leaving:		
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:	What did you do?	
Reason for Leaving:		
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:	What did you do?	
Reason for Leaving:		

In accordance with Federal, state and Local laws, MTC, Inc., does not discriminate upon any basis prohibited by applicable Federal, State or Local laws. MTC, Inc. will make reasonable accommodation for those with disabilities.

I certify that the information contained in the application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration for employment or for dismissal from employment. I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, and with or without prior notice, at any time, at the option of either the Company or myself unless otherwise mutually agreed in writing. I understand and acknowledge that no employee or representative of MTC other than the president or vice president of MTC has the necessary authority to enter into such a written agreement for employment for any period of time or to make any agreement contrary to the foregoing. I further understand and acknowledge that there are not written, oral, and collateral or implied agreements of any kind contrary to the foregoing. I agree to submit to a physical examination and/or screening if the position for which I am applying required one. I authorize the companies, schools or persons named above to give any information regarding my employment, together with any information they may have about me. I hereby release said companies, schools or persons from all liability for any damage providing such information.

I understand that I may request a copy of the application.

Signature _____ Date _____

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