

Manifested Productions Co.

REACHING THE LOST THROUGH A VISUAL PERSPECTIVE

Application for Employment (Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different than above) _____

Social Security Number _____ Are you over the age of 18? Yes No

Telephone (_____) _____ Alternative Telephone (_____) _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applying for: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

2. Do you have any relatives who are presently (or have formerly been) employed by Manifested Productions Co.? Yes No

3. How were you referred to Manifested Productions Co.? _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain: _____

II. Educational History

	School Name/Location	Years Completed	Degree/Diploma
Elem. /Jr. High			
High School			
College			
Tech. Training			
Other			

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III. Employment Record

Please include all employment for the last five years.

1. Company Name (most current) _____ Position Held _____
Dates Employed: _____
Address _____ From _____ To _____
Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____

2. Company Name _____ Position Held _____
Dates Employed: _____
Address _____ From _____ To _____
Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____

3. Company Name _____ Position Held _____
Dates Employed: _____
Address _____ From _____ To _____
Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) _____ Reason _____
(Employer's Name) _____ Reason _____

IV. References

Please do not include relatives or former employers.

1. Name _____ Years Known _____
Address _____ Telephone _____
Occupation _____

2. Name _____ Years Known _____
Address _____ Telephone _____
Occupation _____

3. Name _____ Years Known _____
Address _____ Telephone _____
Occupation _____

V. Work Availability

If your application receives favorable consideration, when will you be available to begin work? _____

If you must give your current employer notice two weeks in advance, write Two weeks notice. Otherwise, write the date on which you know for sure you can start work.

1. Do you have any objection to working overtime? () Yes () No
2. Can you work overtime without prior notice? () Yes () No
3. Can you work on Saturday? () Yes () No
4. Can you work on Sunday? () Yes () No
5. Can you travel if required by this position? () Yes () No

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VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

If you want to temporarily sidestep the salary issue so you can negotiate, write negotiable, open or competitive.

VII. Competencies

Please check ALL that apply.

General Administrative Services

- | | | |
|--|--|--|
| <input type="checkbox"/> teach/train personnel | <input type="checkbox"/> apply procurement principles | <input type="checkbox"/> prepare forecasts |
| <input type="checkbox"/> supervise personnel | <input type="checkbox"/> administer contracts | <input type="checkbox"/> conduct surveys |
| <input type="checkbox"/> prepare reports | <input type="checkbox"/> conduct needs assessment | <input type="checkbox"/> apply investment principles |
| <input type="checkbox"/> prepare statistical reports | <input type="checkbox"/> write grant proposals | <input type="checkbox"/> analyze statistical information |
| <input type="checkbox"/> apply interview techniques | <input type="checkbox"/> manage projects | <input type="checkbox"/> provide customer service |
| <input type="checkbox"/> develop programs | <input type="checkbox"/> apply audit principles | <input type="checkbox"/> apply fundraising principles |
| <input type="checkbox"/> develop policy | <input type="checkbox"/> negotiate contracts | <input type="checkbox"/> prepare cost estimates |
| <input type="checkbox"/> coordinate programs | <input type="checkbox"/> write proposals | <input type="checkbox"/> plan work schedules |
| <input type="checkbox"/> perform organizational analysis | <input type="checkbox"/> apply federal grant regulations | <input type="checkbox"/> facilitate meetings |
| <input type="checkbox"/> apply marketing principles | | |

Financial/Fiscal Services

- | | | |
|---|---|--|
| <input type="checkbox"/> manage operating budgets | <input type="checkbox"/> write budget justifications | <input type="checkbox"/> process billing/collections |
| <input type="checkbox"/> prepare financial statements | <input type="checkbox"/> reconcile accounts | <input type="checkbox"/> process purchase orders |
| <input type="checkbox"/> analyze financial reports | <input type="checkbox"/> process financial transactions | <input type="checkbox"/> maintain a budget |
| <input type="checkbox"/> apply accounting principles | <input type="checkbox"/> process payroll | |
| <input type="checkbox"/> develop budgets | | |

Office Support Services

- | | | |
|---|--|--|
| <input type="checkbox"/> key data | <input type="checkbox"/> apply office procedures | <input type="checkbox"/> use patient scheduling system |
| <input type="checkbox"/> use Dictaphone | <input type="checkbox"/> order/receive merchandise | <input type="checkbox"/> write correspondence |
| <input type="checkbox"/> operate copier | <input type="checkbox"/> maintain inventory | <input type="checkbox"/> operate switchboard |
| <input type="checkbox"/> operate cash register | <input type="checkbox"/> keep records/logs | <input type="checkbox"/> proofread documents |
| <input type="checkbox"/> provide reception services | <input type="checkbox"/> schedule appointment/keep calendars | <input type="checkbox"/> verify data |
| <input type="checkbox"/> file documents | | <input type="checkbox"/> operate fax machine |
| <input type="checkbox"/> apply telephone protocol | | |

Computer Software Applications

- use Microsoft Access
- use accounting applications
- use spreadsheet applications
- use Microsoft Excel
- use Microsoft PowerPoint
- use statistical applications
- use word processing applications
- use WordPerfect
- use Microsoft Word
- use Internet browser
- use e-mail
- use microcomputer/pc
- use Macintosh computers
- update website

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PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand, and agree to each of the following statements: All of the information I have supplied on this application is true, accurate, and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to Manifested Productions Co., would affect my application unfavorably. If I am hired by Manifested Productions Co., and if Manifested Productions Co. discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job. This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for a job with Manifested Productions Co. after this period of time I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning works with Manifested Productions Co. I understand that if I am employed by Manifested Productions Co., I may be required, when job-related and consistent with Manifested Productions Co.'s business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment with Manifested Productions Co., I agree to abide by all Manifested Productions Co.'s rules and regulations. I understand that nothing in this employment application creates a contract of employment between me and Manifested Productions Co. If I am hired by Manifested Productions Co., my employment and compensation are "at will," which means that my employment can be terminated, either by Manifested Productions Co. or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the CEO of Manifested Productions Co. has the authority to enter into an employment agreement for any specified period of time, with me.

I agree to release to Manifested Productions Co. or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with Manifested Productions Co.'s business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. In the event of my personal indebtedness to Manifested Productions Co., I authorize Manifested Productions Co. to withhold from my wages such amounts as permitted by law to satisfy my obligation to Manifested Productions Co.

I give Manifested Productions Co. my permission to conduct any investigation regarding the information contained in my employment application, which Manifested Productions Co. thinks is necessary to determine my qualifications for assuming a job with Manifested Productions Co. I give Manifested Productions Co. my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, health, credit, education or employment record, and I give my consent to any such source to release to Manifested Productions Co. whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Date

Signature

Manifested Productions Co.

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AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

I, _____, have applied for a job with Manifested Productions Co. I give my permission to Manifested Productions Co. conduct any investigation regarding the information contained in my employment applications, which Manifested Productions Co. thinks is necessary to determine my qualifications for assuming a job with the company. I give Manifested Productions Co. my permission to contact any former employer, bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to Manifested Productions Co. whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Signature

Date

Witnessed by

Date