

# APPLICATION FOR EMPLOYMENT

Please print clearly.

Mericle Commercial Real Estate Services ("Mericle") is an Equal Opportunity Employer and is dedicated to the achievement of equality of opportunity for all applicants for employment without discrimination on the basis of race, color, ethnicity, religion, age, sex, national origin, disability or any other protected category under local, state or federal laws. No question on this application is asked for the purpose of limiting or excluding any applicant considered for employment by Mericle.

Please be thorough when completing this application. Even after hire, the information you provide here and during the pre-employment process will be relied on by Mericle as being true, complete, and accurate, for various purposes. Likewise, if you include your resume, make sure that you have provided all requested information including your employment, education, and salary expectation, as well as references, and that your resume is true, complete and accurate.

APPLICATION DATE		DATE AVAILABLE FOR WORK	
FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME	
STREET	CITY	STATE	ZIP CODE
CELL PHONE	HOME PHONE	EMAIL	
POSITION(S) APPLYING FOR	PAY EXPECTED	FULL-TIME <input type="checkbox"/>	PART -TIME <input type="checkbox"/>

HOW DID YOU LEARN OF THIS POSITION?

MERICLE WEBSITE     NEWSPAPER AD     MERICLE EMPLOYEE: \_\_\_\_\_     SOCIAL MEDIA

FRIEND/RELATIVE     CAREER FAIR     OTHER: \_\_\_\_\_

<p>ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NOT, DO YOU HAVE WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU WILLING TO TRAVEL UP TO 30 MILES? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE YOU WILLING TO TRAVEL BETWEEN 30-60 MILES? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>HAVE YOU APPLIED FOR EMPLOYMENT WITH MERICLE WITHIN THE PAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DATE: _____</p> <p>POSITION: _____</p> <hr/> <p>HAVE YOU EVER BEEN EMPLOYED WITH MERICLE OR BEEN ASSIGNED TO MERICLE BY A SUBCONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DATE: _____</p> <p>POSITION: _____</p>
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I understand that any offer of employment by Mericle is contingent upon screening of my work/school/criminal record and personal references. Criminal records may be verified by the State Police or FBI. An affirmative answer to question #2 below will not automatically disqualify you from employment.

**1** Have you been a resident of PA for the past two consecutive years?  YES  NO

**2** Have you ever been convicted of a felony or misdemeanor in any criminal or military court?  YES  NO  
If yes, list all dates and offenses below:

DATE(S)	OFFENSE(S)	DISPOSITION(S)
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## EDUCATION HISTORY

	NAME AND CITY/STATE	COURSE/STUDY	NUMBER OF YRS. COMPLETED	GRADUATE?	LIST DEGREE(S)
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE/ OTHER TRADE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

## SPECIAL SKILLS

- CARPENTRY
- MECHANICAL
- ELECTRICAL
- PLUMBING
- LANDSCAPING
- PAINTING
- OTHER: \_\_\_\_\_
- DRYWALL
- FORKLIFT
- HEAVY EQUIPMENT
- PERSONAL COMPUTER
- AUTOCAD
- REVIT

Please list all Professional License(s) and/or Certification(s); include Organization, State where Issued, ID# and Expiration, if any.

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## MILITARY

(Complete this section if you served or currently serve in the U.S. Armed Forces.)

BRANCH OF SERVICE	Describe your duties and any special training which may be related to the position(s) for which you are applying:  <hr/> <hr/> <hr/> <hr/> <hr/>
RANK AT DISCHARGE	

# EMPLOYMENT HISTORY

Start with present or most recent employer.

<b>1</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH/YEAR) FROM: TO:
	NAME/ TITLE OF YOUR DIRECT SUPERVISOR	RATE OF PAY START: LAST:
	STATE YOUR JOB TITLE/DESCRIBE YOUR WORK	REASON FOR LEAVING
<b>2</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH/YEAR) FROM: TO:
	NAME/ TITLE OF YOUR DIRECT SUPERVISOR	RATE OF PAY START: LAST:
	STATE YOUR JOB TITLE/DESCRIBE YOUR WORK	REASON FOR LEAVING
<b>3</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH/YEAR) FROM: TO:
	NAME/ TITLE OF YOUR DIRECT SUPERVISOR	RATE OF PAY START: LAST:
	STATE YOUR JOB TITLE/DESCRIBE YOUR WORK	REASON FOR LEAVING
<b>4</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH/YEAR) FROM: TO:
	NAME/ TITLE OF YOUR DIRECT SUPERVISOR	RATE OF PAY START: LAST:
	STATE YOUR JOB TITLE/DESCRIBE YOUR WORK	REASON FOR LEAVING

# REFERENCES

List four (4) supervisors, instructors, or other professional references. Do not include relatives.

NAME	EMAIL	PHONE
NAME	EMAIL	PHONE
NAME	EMAIL	PHONE
NAME	EMAIL	PHONE

I understand that, in accepting this application, Mericle is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered, nor does Mericle's acceptance of this application imply employment.

I understand that Mericle does not guarantee employment for any specific length of time, regardless of quality of work. Therefore, I agree that, if hired, my employment may be terminated by Mericle or me at any time, with or without notice or cause.

I certify that I have fully, honestly, and accurately completed the application in its entirety. All statements made by me on this application are true, correct and complete to the best of my knowledge. I have not withheld anything whatsoever that would, if disclosed, affect this application unfavorably. I fully understand that any misrepresentation or omission in any part of this application, or in any subsequent other written documents that I am required to provide or complete in the course of employment with Mericle may result in the cancellation of this application and, if I am already employed, may result in termination of my employment by Mericle.

I hereby authorize Mericle to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Furthermore, I hereby authorize my former employers and former educators to disclose to Mericle any and all information related to my past employment and education without giving me prior notice of such disclosure. I certify that I have not been convicted of any crime that would disqualify me from the position(s) for which I am applying and hereby authorize Mericle to request, obtain and examine any and all records relating to a conviction and/or imprisonment for a misdemeanor or felony and all records related to my motor vehicle history. In addition, I hereby release Mericle, my former employers, and all other persons, corporations, partnerships, associations and government agencies from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that any offer of employment is conditioned on the completion of pre-employment tests, including drug testing. I understand that a satisfactory drug screen is a condition of employment with Mericle.

In consideration of my employment, I agree to conform to the policies and procedures of the company and any specific division policies and procedures. I agree that, if I accept employment with Mericle, I will, as a pre-condition of such employment, produce authentic documents as required establishing my identity and work authorization and sign form I-9 (issued by the Federal Government) verifying, under oath, my employment eligibility.

**I hereby acknowledge that I have read the above statements and fully understand the terms thereof.**

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**SIGNATURE**

**DATE**

## **DRUG SCREEN AUTHORIZATION AND CONSENT**

I hereby authorize and give full permission to have Mericle and its authorized medical personnel conduct a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs or prescription medication taken without a prescription.

I will not sue or hold concerned parties responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests, or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error.

I understand that a job offer may be rescinded if I fail to be tested as scheduled.

I understand that Mericle may require an alcohol/drug screen test at random and/or resulting from an on-the-job accident, injury or equipment damage. My refusal to submit to alcohol/drug testing will be grounds for termination.

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**SIGNATURE**

**DATE**