

APPLICATION FOR EMPLOYMENT

The MCS Family of Companies, including M.C. Schaff & Associates, Panhandle Geotechnical & Environmental, and Enviro Service, assures equal employment to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, mental or physical disability, or religious creed, and with proper regard for privacy and constitutional rights. Applicants who need accommodation in the selection process should request this accommodation in advance.

Social Security Number	-- --	Type of Work Desired (check all that apply)	☐ Full-Time ☐ Regular ☐ Part-Time ☐ Temporary
Date Available for Work			
Applicant's Name			
Mailing Address			
City		State	ZIP
Home Phone Number		Mobile Number	
E-mail Address			
Position Applying For			

Are you legally able to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes ☐ No ☐

If YES, please explain

Educational Record

Select Highest Grade Completed ☐ High School ☐ College ☐ Graduate School

	Name of School and Degree Subject	Enrolled From	To	Degree Received?
Last High School				
Vocational School				
College/University				
Certification Program				

Employment Record

List the positions you have held, starting with your most recent employment. If more than one position or classification has been held with a given organization, list each position as a separate period of employment. Under "Specific Duties," please clearly describe the tasks you performed and the nature of your supervisory, technical or other responsibilities. Please be thorough. Your employment history may be verified by contacting previous employers unless you select otherwise. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, please attach separate pages (be sure to include the required information).

Employer Information		Employment Information		
Employer Name		Position Title		
Employer Address		Dates of Employment	From	To
Immediate Supervisor		Type of Work		
Supervisor Title		Kind of Business		
Reason for Leaving		Ending Salary/Wage		
Specific Duties				

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MCS
FAMILY OF COMPANIES

Headquarters

818 South Beltline Highway East Scottsbluff, Nebraska 69361

Phone (308) 635-1926 Fax (308) 635-7807 www.MCSfamilyofcompanies.com

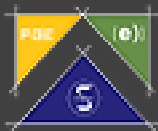
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Skills and Abilities

Please detail all training and coursework you have gained in previous employment positions or educational opportunities. Be specific and as detailed as possible.

- ☐ AutoCAD ☐ Microsoft Office ☐ E-mail ☐ Internet
- ☐ Typing ☐ Word Processing ☐ Data Entry ☐ Adding Machine
- ☐ Other

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Licenses and Certificates

If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions.

Name of Profession		License Number				
Granted By		City/State				
Specialty		Licensed	From		To	

Name of Profession		License Number				
Granted By		City/State				
Specialty		Licensed	From		To	

Declarations

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith hold such persons harmless for giving any and all information within their knowledge or record. I have the right to make a written request within a reasonable time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

Additionally, I understand that nothing contained in this employment application nor the act of granting an interview is intended to create a contract between a member company of the MCS Family of Companies ("Company") and myself for either employment or for the benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and the Company retains the same right.

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the Company*.

Sign Here

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Date

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* Pursuant to Nebraska LB 959 effective July 19, 2012. Consent is valid for a period of six (6) months from the date on the application.