



MODULAR
SERVICES COMPANY

EMPLOYMENT APPLICATION

Applying for: Full Time Part Time Seasonal

All statements and questions are to be completed; the answers will be confidential.

PERSONAL INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Social Security # _____ Home Phone _____

Other phone number where you can be reached _____

WORK EXPERIENCE

Give your full employment record — start with your current or most recent employment. We will assume we have your permission to contact these firms unless you indicate to the contrary.

NAME AND ADDRESS OF PREVIOUS EMPLOYER	PERIOD OF EMPLOYMENT (Month/Year)	COMPLETE THE FOLLOWING	
Firm	From	Kind of Business	Reason for Leaving
Address	To	Position	
City	Phone (area) (exchange no.)	Supervisor Name	Salary
Firm	From	Kind of Business	Reason for Leaving
Address	To	Position	
City	Phone (area) (exchange no.)	Supervisor Name	Salary
Firm	From	Kind of Business	Reason for Leaving
Address	To	Position	
City	Phone (area) (exchange no.)	Supervisor Name	Salary
Firm	From	Kind of Business	Reason for Leaving
Address	To	Position	
City	Phone (area) (exchange no.)	Supervisor Name	Salary

EDUCATION AND SKILLS

NAME OF SCHOOL	ADDRESS OF SCHOOL	GRADE COMPLETED OR DEGREE(s)	SUBJECTS STUDIED OR MAJOR

Check if you can operate or do any of the following:

Personal Computer

Other (list)

Additional Details:

List software used

SPECIAL PERSONAL INFORMATION

Answer these questions only if employer has checked the appropriate box.

Drivers License Number _____ State Issuing License _____

List all traffic violations in past 5 years which resulted in a conviction, or a guilty plea.

List all at-fault traffic accidents in past 5 years.

Have you ever been convicted of a crime, excluding misdemeanors? No Yes

If yes, please describe in full _____

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Would you be willing to relocate? No Yes

If no, please give reason why _____

REFERENCES (other than previously listed)

Give the names and addresses of persons who know you (not relatives). We will assume we have your permission to contact these people unless you indicate to the contrary.

Name	Name	Name
Address	Address	Address
Phone #	Phone #	Phone #
Business or Position	Business or Position	Business or Position
Years Known	Years Known	Years Known

EMPLOYMENT DESIRED

Position being applied for: _____ When can you report to work? _____

If you are presently employed, may we contact employer? Yes No

What salary do you expect (approximate)? _____

Have you ever been employed by Modular Services Company or its affiliates before? Yes No

If yes, please complete the following:

Company _____ Dates employed _____ to _____

Department _____ Supervisor _____

Reason for termination of employment _____

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Modular Services Company, or as a condition of my continued employment with Modular Services, Modular Services may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, Social Security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Modular Services Company's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Modular Services will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Modular Services Company. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

SIGNATURE _____ DATE _____



500 E. Britton Rd. • Oklahoma City, OK 73105

Tel: 800.687.0938 • Fax: 405.528.0368

www.modularservices.com

info@modularservices.com

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