



MPI, Inc. is an Equal Employment Opportunity Employer and does not discriminate on the basis of race color, religion, national origin, marital status, sex, age, veteran status, ~~or~~ disability, or any other protected categories under federal or state law.

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PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

E-MAIL ADDRESS _____

PHONE# (____) _____ ALTERNATE PHONE# (____) _____

=====

PLEASE ANSWER ALL QUESTIONS

TYPE OF EMPLOYMENT DESIRED [] Full-Time [] Part-Time [] Temporary [] Seasonal

DATE AVAILABLE FOR WORK _____ WHAT IS YOUR SALARY EXPECTATION RANGE: _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES [] NO []

IF YES, GIVE DATES AND POSITIONS _____

Are you a citizen or approved to work in the US? YES [] NO []

What document can you provide as proof of citizenship or legal status _____

Do you need or will require H1B visa sponsorship YES [] NO []

If you are under 18, and if required, can you furnish a work permit? YES [] NO []

If no, please explain _____

Have you ever plead "guilty" or "no contest" to, or ever been convicted of a crime? YES [] NO []

If yes, please provide date(s) and details _____

(Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

Do you have a valid license to operate a motor vehicle in New York State? YES [] NO []

Driver's license number if driving is an essential job function _____ State _____



EMPLOYMENT HISTORY

Please provide the following information of your past four (4) employers, assignments, or volunteer activities, starting with the most recent.

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EMPLOYER **PHONE #**

LENGTH OF EMPLOYMENT (Month/ Year) FROM / TO /

POSITION **ADDRESS**

IMMEDIATE SUPERVISOR AND TITLE

SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES

MAY WE CONTACT FOR REFERENCE? [] YES [] NO [] LATER

REASON FOR LEAVING

=====

EMPLOYER **PHONE #**

LENGTH OF EMPLOYMENT (Month/ Year) FROM / TO /

POSITION **ADDRESS**

IMMEDIATE SUPERVISOR AND TITLE

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EMPLOYER _____ **PHONE #** _____

LENGTH OF EMPLOYMENT (Month/ Year) FROM / TO /

POSITION _____ **ADDRESS** _____

IMMEDIATE SUPERVISOR AND TITLE _____

SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES _____

MAY WE CONTACT FOR REFERENCE? [] YES [] NO [] LATER

REASON FOR LEAVING _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
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HIGH SCHOOL		YES [] NO []	
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TECHNICAL SCHOOL		YES [] NO []	
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COLLEGE	DEGREE	MAJOR
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OTHER _____

BUSINESS REFERENCES

Please list three (3) references who can verify your work history and performance.

NAME	PHONE#	YEARS KNOWN
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1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



VACCINATION STATUS

Please check one of the below options:

I have been vaccinated for COVID-19 _____

I have not been vaccinated for COVID-19 _____

I have not been vaccinated for COVID-19 because of a medical or religious reason _____

MPI, Inc. requires that an individual be vaccinated for COVID-19 in order to begin employment with the Company on or after June 1, 2021. However, if you are unable to receive a vaccination for COVID-19 due to a medical condition or religious belief, MPI, Inc. will reasonably accommodate you, unless such an accommodation creates an undue hardship for the Company. Individuals with medical conditions or religious beliefs that prevent them from receiving the COVID-19 vaccine who have questions or would like additional information should contact Human Resources. MPI, Inc. reserves the right to require proof of vaccination status before an individual begins employment.

APPLICANT STATEMENT AND SIGNATURE

Please read the following very carefully before signing below.

I certify that all information I have provided is true, complete, and correct. I understand that I will be subject to immediate dismissal or refusal to hire if at any time MPI, Inc. discovers that I have omitted, misstated, or falsified information on this application or at any time during the hiring process, regardless of the time MPI becomes aware that such statements were made.

I understand that MPI is required to report all employees to the United States CHILD SUPPORT & COLLECTION UNIT. If I have current or past due child support obligations / payments, MPI is required by law to withhold the amount issued by the Supreme or Family Court of New York. The garnishments will be immediate upon notification of the Withholding Order/Notice of Support.

I authorize MPI and its representatives, employees or agents to contact and obtain information from all references, (personal and professional), employers, public agencies, licensing authorities and educational institutions and to verify if all information provided by me in this application, resume' or job interviews. I hereby release any individual, corporation, or organization for furnishing verification of information provided by me and MPI from all claims or liabilities that may arise from seeking, gathering, and using such information in the employment process.

I understand that I am required to pass a pre-employment physical that will include drug testing and that all results will be kept confidential. I also understand that I may be required to sign a confidentiality statement as a condition of my employment.

If I am hired, I understand that I am free to resign at any time but know that in order to maintain the possibility of future employment with MPI, two weeks' notice is expected upon my resignation. MPI reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice.

This application does not constitute an agreement or contract for employment for any specified period of time. I understand that no supervisor or MPI representative is authorized to make any assurances to the contrary and that no implied, oral, or written agreements are valid without the written approval of MPI's president.

YOUR STRATEGIC PARTNER IN WAX ROOM SOLUTION



MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREED WITH THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____