



29 N. Central Avenue
Staunton, VA. 24401
(540)-925-2255
careers@mgwnetworks.net

Employment Application Form

Personal Information:

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been terminated from employment or asked to resign by an employer?
 Yes No

If yes, please provide company names and details

Can you work any shift? ___Yes ___No

Can you work overtime, including weekends? ___Yes ___No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___Yes ___No

Employment Desired:

Date you can start: _____ Hourly Rate/Salary desired: _____

Position desired _____

Please list your applicable skills: _____

Are you currently employed? ___ If so, may we inquire of your present employer? ___

Referral Source:

How did you hear about us? _____

Have you ever worked for this company before?

___Yes ___No Explain _____

Do you know anyone who works for our company? ___Yes ___No If yes, who?

Education:

High School

Name: _____ Location: _____ Years: _____

Diploma ___ G.E.D. ___

Vocational School

Name: _____ Location: _____ Years: ____

Degree: _____

College

Name: _____ Location: _____ Years: ____

Degree: _____

Post College

Name: _____ Location: _____ Years: ____

Degree: _____

Certifications

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Employment History:

Company Name: _____

Date Started: _____ Date Ended: _____

Starting Position: _____ Ending Position: _____

Starting Wage: _____ Ending Wage: _____

Name of Supervisor: _____ May we contact? _____

Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Date Started: _____ Date Ended: _____

Starting Position: _____ Ending Position: _____

Starting Wage: _____ Ending Wage: _____

Name of Supervisor: _____ May we contact? _____

Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Date Started: _____ Date Ended: _____

Starting Position: _____ Ending Position: _____

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Date Started: _____ Date Ended: _____

Starting Position: _____ Ending Position: _____

Starting Wage: _____ Ending Wage: _____

Name of Supervisor: _____ May we contact? _____

Responsibilities: _____

Reason for Leaving: _____

References:

Name: _____ Years Acquainted: _____

Phone: _____

Email: _____

Name: _____ Years Acquainted: _____

Phone: _____

Email: _____

Please Read Carefully Before Signing:

Lingo Networks is an equal opportunity employer. Lingo Networks does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Lingo Networks to hire me. If I am hired, I understand that either Lingo Networks or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Lingo Networks has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Lingo Networks true and complete information on this application. No requested information has been concealed. I authorize Lingo Networks to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: _____ Signature: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.