

# Morse Electric Inc.

811 North York Street, Suite A

PO Box 611

Muskogee, OK 74403

918-913-9572

## Employment Application

### Applicant Information

Name: \_\_\_\_\_ SS# (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City

State

Zip Code

Are you 18 years old or older?  Yes  No

Date of Birth (optional): \_\_\_\_\_

Gender:  Male  Female (optional)

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Do you have a HS Diploma or GED?  Yes  No

Have you ever worked for MEI before?  Yes  No

If yes, when? \_\_\_\_\_

Are you related to anyone employed by MEI?  Yes  No

If yes, who? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Are you a veteran?  Yes  No

\*Note: Response to this question will not be used to determine your eligibility with MEI.\*

If yes, explain: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, where? \_\_\_\_\_

If no, are you currently under unemployment?  Yes  No

### Nature of Action

Date available to start: \_\_\_\_\_

Position applied for: \_\_\_\_\_

New Employment

Pay scale desired: \_\_\_\_\_

Regular (More than 30 hrs. per week)

Do you hold an Indian CDIB card? (Optional)  Yes  No

Part Time (Less than 30 hrs. per week)

If yes, what tribe? \_\_\_\_\_

(Optional)

Rehire: Previous Location \_\_\_\_\_

**References**

Name	Address	Phone Number	Relationship

**Previous Employment**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Use additional pages as necessary.

**Falsifying information on this application could lead to dismissal.**

**Payroll Data-Office Use Only**

Employee Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_ Workers Comp Code: \_\_\_\_\_ Date Eligible for Benefits: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_  Per Hour  Per \_\_\_\_\_ Classification:  Exempt  Non-Exempt

Pay Frequency: **(check one)**  Weekly  Bi-Weekly  Semi-Monthly  Monthly  
**(check one)**  Hourly  Salary  Commission

Human Resources Signature: \_\_\_\_\_