



MACK FINANCIAL GROUP LLC / MACK STAFFING
EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date: Available Start Date:

Full time Part time Temporary Referral source:

Name:

Street Address:

City/State/Zip: SSN:

Home Phone: Mobile Phone: Email Address:

Have you ever been convicted of or charged with a felony or misdemeanor: Yes No
If yes, please explain in full, including dates, details of offense(s) charged, jurisdiction and disposition of the case:

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years? Yes No

If yes, please provide full details, including dates, places, amounts involved and dispositions:

**EDUCATION:**

Schools/Colleges Attended	# Years	Graduation Year	Degree Earned

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**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

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1. Employer: \_\_\_\_\_

Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Description of duties, responsibilities/ achievements \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Description of duties, responsibilities/ achievements \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Description of duties, responsibilities/ achievements \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**BUSINESS REFERENCES:** Please provide individual and company names, positions, addresses, and phone numbers for temporary assignments that you worked.

1. Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

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**PERSONAL REFERENCES:** Please provide the names, addresses, phone numbers, relationship and how long for three personal references.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Position: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Read before signing:** I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigations of the statements that I have made herein.

I hereby release from any and all liability all representatives of Mack Financial Group LLC, its affiliates and subsidiaries for their acts performed in connection with evaluating my application, background, credentials and qualifications. I understand that if any of the information on this application is discovered to be incorrect, false, misleading, now or at a later date, or if there are any misrepresentations or omissions of any kind whatsoever, then Mack Financial and its affiliates shall not be liable in any respect if it does so.

I understand that if I am employed by Mack Financial Group, LLC or any of its affiliates or subsidiaries, any such employment is not binding on either party for any specific period of time. I further understand that if employed I will be an employee – at – will and my employment or assignment may be terminated at anytime without cause.

I hereby acknowledge that I have read and understand the above statements and that all of the representations I have made in this application are accurate and true.

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Signature

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Date

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Printed Name

**MACK FINANCIAL GROUP, LLC**

**CRIMINAL HISTORY CHECK CONSENT FORM**

I, \_\_\_\_\_, hereby authorize Mack Financial Group, LLC and its affiliates, subsidiaries and or clients to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state, or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given the opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Mack Financial Group, LLC its affiliates, or subsidiaries receives notification from that agency clearing me, my application will be deferred.

As an applicant for a temporary or temporary to permanent position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of or entered a plea of nolo contendere or guilty to any offense similar to those listed in the application. Further, other than for the offenses that I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state for any acts similar in nature to those listed on the application.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied a job with Mack Financial Group, LLC and its affiliates, or subsidiaries or if already accepted, terminated from my current position.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

Full name of the applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**MACK FINANCIAL GROUP, LLC**

**DRUG TESTING POLICY DISCLOSURE AND CONSENT FORM FOR POLICY**

Temporary employees that are hired by Mack Financial Group, LLC, and their affiliates, subsidiaries and clients may be subject to passing a random drug test prior to the date of employment or during employment or assignment. Any applicant who tests positive for illegal use of drugs will not be hired or if presently employed by Mack Financial Group, LLC, and their affiliates, subsidiaries and clients will be terminated.

Any applicant who refused to submit to a random drug test or who interferes with the test will not be hired or will be terminated immediately.

**CONSENT FORM**

As an applicant for a position of employment with Mack Financial Group, LLC, and their affiliates, subsidiaries and clients, I hereby consent to a test for the presence of illegally used substances in my body. I understand that should the presence of any illegally used substance be detected and confirmed, I will not be hired. I also understand that if I am currently employed and on an assignment, that I will be terminated immediately and released of my employment. I also understand that should I refuse to be tested prior to or during my employment or assignment, I will not be hired or will be terminated immediately.

I also consent to the release of those results to a designated company official, and agree to hold Mack Financial Group, LLC, and their affiliates, subsidiaries and clients harmless from any such release provided for hereby.

\_\_\_\_\_  
Applicant/Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Employee Printed Name

**MACK FINANCIAL GROUP, LLC**

**CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT**

I understand that, as a condition of my consideration for employment with Mack Financial Group, LLC, and their affiliates, subsidiaries and clients or as a condition of my continued employment with Mack Financial Group, LLC, and their affiliates, subsidiaries and clients, Mack Financial Group, LLC 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 Mack Financial Group, LLC's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Mack Financial Group, LLC 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 Mack Financial Group, LLC. 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 of Applicant or Employee                      Date

\_\_\_\_\_  
Printed Name of Applicant or Employee

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_