



**MCA Communications, Inc.**  
**525 Northville**  
**Houston, Texas 77037**

**EMPLOYMENT APPLICATION**

MCA Communications, Inc. is an Equal Opportunity Employer

**Personal Information:**

Name: \_\_\_\_\_  
 Last First Middle Social Security Number

Street Address City State Zip

Home Phone: ( ) Business Phone: ( ) Are you 18 or older? [ ] Yes [ ] No

Can you prove U.S. Citizenship? [ ] Yes [ ] No If not a U.S. Citizen, give Visa No. and expiration date: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Referred by: \_\_\_\_\_

Starting wage requested: \$ Per: [ ] Hour [ ] Annually (check one)

**Past Employment:** Have you ever worked for MCA before? [ ] Yes [ ] No / When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you employed now? [ ] Yes [ ] No **IF SO**, may we contact your present employer? [ ] Yes [ ] No

1-Employer \_\_\_\_\_ Dates Employed: From: Mo. \_\_\_\_\_ Year: \_\_\_\_\_  
 Address: \_\_\_\_\_ To: Mo. \_\_\_\_\_ Year: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Title/Duties: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2-Employer \_\_\_\_\_ Dates Employed: From: Mo. \_\_\_\_\_ Year: \_\_\_\_\_  
 Address: \_\_\_\_\_ To: Mo. \_\_\_\_\_ Year: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Title/Duties: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Education:**

Education Level (Check highest attained): [ ] G.E.D. [ ] High School [ ] College: Years Completed [ ] 1 [ ] 2 [ ] 3 [ ] 4

**Military Service Record:**

DD-214 Available? [ ] Yes [ ] No  
 Branch of Service: \_\_\_\_\_ Ending Rank: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

**Additional Information:**

Do you have a valid drivers license? [ ] Yes [ ] No License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Special Skills or Training: \_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? [ ] Yes [ ] No**

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

**Please Read and Sign:**

" I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. Further, I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release MCA Communications, Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of MCA has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. Furthermore I agree that if I enter into an employment relationship with MCA voluntarily I acknowledge that there is no specified length of employment. Accordingly, either MCA or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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

Return completed application by mail, fax or email: MCA Communications, Inc. Attn: HR Fax: (281) 591-7545  
 525 Northville Houston, Texas 77037 hr-dept@mcacom.com

**Completion of the information below is voluntary**

**We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.**

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position applied for: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Referral Source**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement - Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you, if applicable: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip code

Male  Female

**Please check one of the following Equal Employment Opportunity Identification Groups:**

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander         |                                   |

**For Administrative Use Only**

Position applied for  Available  Not Available  
Other positions considered for \_\_\_\_\_

Hired:  Yes  No  
Position hired for \_\_\_\_\_ Date hired \_\_\_/\_\_\_/\_\_\_

- From the EEO job classification listed below, which one best describes the position filled?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials & Managers | <input type="checkbox"/> Sales Workers             | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals        | <input type="checkbox"/> Office & Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians          | <input type="checkbox"/> Craft Workers (skilled)   | <input type="checkbox"/> Service Workers           |

Notes: \_\_\_\_\_  
Completed by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_