



## Moorish National Headquarters Hiring Application

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Nationality ID # \_\_\_\_\_

Are you a national inhabitant of this land?

(Have you been nationalized through the Moorish Nation?.) ☐ Yes ☐ No

Are you looking for a full-time contract? ☐ Yes ☐ No

If no, what hours are you available? \_\_\_\_\_

Are you willing to work swing shift? ☐ Yes ☐ No

Are you willing to work graveyard? ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

☐ Yes ☐ No

If yes, please describe conditions. \_\_\_\_\_

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### Contract Position Desired

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

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for a position with the Moorish Nation here? ☐ Yes ☐ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever been contracted with the Moorish Nation? ☐ Yes ☐ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you presently engaged in another contract position? ☐ Yes ☐ No

May we contact your present contractor? ☐ Yes ☐ No



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Are you available for a full-time position? ☐ Yes ☐ No

Are you available for part-time position? ☐ Yes ☐ No

Will you relocate? ☐ Yes ☐ No

Are you willing to travel? ☐ Yes ☐ No If yes, what percent? \_\_\_\_\_

Date you can start \_\_\_\_\_

Desired position \_\_\_\_\_

Desired starting salary \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your experience indicated, are there are other skills, qualifications, or experience that we should consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any scholastic honors received and offices held in school.

\_\_\_\_\_

\_\_\_\_\_

Are you planning to continue your studies? ☐ Yes ☐ No



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If yes, where and what courses of study?

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### Work Legacy (Start with most recent contract)

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

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

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

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

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_



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May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

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

### References

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous contractors, supervisors, schools, or persons listed as references to give any information regarding my work legacy or educational record. I agree that this organization and my previous contractors, supervisors will not be held liable in any respect if a position offer is not extended, or is withdrawn, or position is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any position with this organization, I will comply with all rules and obligations as set by the organization in any communication distributed to the workers.



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I comprehend that entering to this contract obligates me to inform the organization with intentions of leaving requires a two week notice and if this contract decides I am no longer fit for this position that they must issue me a two week notice as well.

I hereby acknowledge that I have read and understand the above statements.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Weekly Time Record

Week Ending \_\_\_\_\_

Name	Department	Shift	File #
Contract #	Nationality ID #		Payroll Class

	Morning Hours			Afternoon Hours		
	Time In	Time Out	Lunch 30 min	Time In	Time Out	Total Hrs
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Totals						

### Signatures

Contractor	Date	Department Supervisor	Date
Supervisor	Date	Payroll Department	Date