



Employment Application

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State Zip Code

Phone: _____

Position Applied for: _____ Date Available: _____ Desired Salary: _____

How did you hear about this position? _____

Will accept: Full-time Yes No Part-time Yes No Able to work Overtime? Yes No
 Able to work weekends? Yes No Shift Preference: 1st 2nd

Referred by: _____ Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when and where? _____

Do you have any relatives working for this company? Yes No If yes, who? _____

Education

Education	Name & Location of School	Did you Graduate?	Degree/Diploma
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training/Degrees		<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

List three references (List persons other than relatives likely to know your skills and abilities).

Name	Address (Street, City, State & Zip)	Telephone	How long known

Current and Previous Employment History

List employment history, beginning with the most recent.

May we contact current employer? Yes No

Company: _____ Phone: _____

Address: _____ Position: _____

Supervisor and Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From (mo/yr): _____ To (mo/yr): _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Position: _____

Supervisor and Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From (mo/yr): _____ To (mo/yr): _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Position: _____

Supervisor and Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From (mo/yr): _____ To (mo/yr): _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Position: _____

Supervisor and Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From (mo/yr): _____ To (mo/yr): _____ Reason for Leaving: _____

Driver Information

If hired or transferred into a position that requires the operation of a vehicle, a DMV investigation is required. Do you authorize investigations of your DMV records? Yes No Driver License Number: _____ State: _____ Expiration Date of License: _____ Do you have a CDL? Yes No

Additional skills

Please list any equipment you can operate, or special skills, licenses or training you possess: _____

Referral Source

How did you come to apply? Company Website Employee Referral College/University NE Works Job Fair
 Newspaper ad Internet/Web (Site name _____) Walk-in Other _____

Applicant's Certification

"I hereby certify that the facts stated in this application are true and complete to the best of my knowledge and understand that if employed, false or incomplete statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give Midlands Packaging Corporation any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to Midlands Packaging Corporation.

I understand and agree that, if hired, my employment is 'at-will,' meaning that the Company and I have the right to terminate my employment at any time, with or without cause."

Signature: _____ Date: _____

Midlands Packaging Corporation is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, national origin, sex, age, marital status, veteran status, or status as a qualified individual with a disability or other statuses protected by law. Midlands Packaging Corporation complies with all federal, state and local laws with regard to equal opportunity.

Midlands Packaging Corporation's Pre-Employment Statement

I consent to any physical agility and/or drug testing that may be required by the company.

I hereby authorize the checking of any references (including previous employers and educational institutions) on matters of record listed on this application, and release those providing information from any liability whatsoever for issuing such information.

I further understand that any false answers or statements made by me on this application or any supplement thereto will disqualify me for employment or will be sufficient grounds of immediate discharge regardless of when discovered. I also understand that any offer of employment is contingent on Midlands Packaging Corporation's verification of my employability and identity as required under the Immigration Reform and Control Act of 1986.

I realize that this application for employment in no way constitutes a contract for employment with Midlands Packaging Corporation.

Applicant's Signature

Date

Office Use Only - Do Not Write Below This Line

Interviewed by: _____

Date: _____

Remarks: _____

Request to Hire? Yes No

Position: _____ Department: _____

Salary/Wage _____

Replacement? Yes No If yes, who? _____

Requested by: _____

Date: _____

Approved by: _____

Date: _____