



## Application for Employment

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Last First Middle

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Desired Salary/Wage: \_\_\_\_\_

Date available: \_\_\_\_\_ Type of employment desired: ☐ Full Time ☐ Part Time

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

If offered employment, can you provide proof of your legal right to work in the U.S.? ☐ Yes ☐ No

If you are under 18, do you have a work permit? ☐ Yes ☐ No

Have you ever been convicted of a crime (including guilty and no contest pleas) other than a minor traffic violation? ☐ Yes ☐ No

If yes, please provide details (a prior criminal conviction will not necessarily bar you from employment; each instance and explanation will be considered in relation to the position for which you are applying): \_\_\_\_\_

Can you travel if required? ☐ Yes ☐ No

### EDUCATIONAL BACKGROUND

School Name & Location	Graduated	Course of Study/Major
------------------------	-----------	-----------------------

High School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> Diploma	_____
--------------------	--	-------

College: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Degree	_____
----------------	--	-------

Special Skills, Training, Licenses or experiences that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_

## WORK EXPERIENCE

Please complete in detail and list chronologically starting with present employer, please include any military service. Please go back at least 7 years, use additional sheet(s) if necessary.

*Current or Last Employer*

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Job duties: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact?: ☐ Yes ☐ No

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Job duties: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact?: ☐ Yes ☐ No

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Job duties: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to contact?: ☐ Yes ☐ No

Please explain any gaps in your work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No

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

## REFERENCES

Please provide three individuals not related to you that you have known more than a year. At least two of the references should be individuals who know you in a professional context.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

**Please read the following statements carefully before signing to show your understanding.**

### ***EQUAL EMPLOYMENT OPPORTUNITY***

It is the policy of Midwest Press and Automation LLC (MPA) to insure and promote equal opportunity for all qualified persons employed or seeking employment with MPA, without regard to race, color, national origin, religion, age, gender, disability, veteran status, or any other classifications protected by applicable federal, state or local laws.

### ***AT WILL EMPLOYMENT***

I understand and agree that neither my acceptance or continuation of employment with MPA nor any of MPA's policies, procedures or practices, whether written or oral, create or are to be interpreted as an expressed or implied contract of employment, promise of continued employment, or statement of contractual conditions of employment. To the contrary, all employees of MPA are employees at-will and may resign or be discharged by MPA at any time and for any reason.

### ***PRE-EMPLOYMENT PHYSICAL***

I understand that in accordance with MPA policy and procedure, I will be required to undergo a company paid post-offer pre-employment physical and drug screen as a condition of the offer of employment extended by MPA.

### ***PRE-EMPLOYMENT BACKGROUND CHECK***

I authorize MPA to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of all statements contained in this application, and I release MPA and its representatives from any liability for doing so.

### ***CERTIFICATION***

I hereby certify that all the answers to questions and information given on this application, are true and correct. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

*This application is current for only 60 days. After this time, if I have not heard from MPA and still wish to be considered for employment, it will be necessary to fill out a new application.*

**I acknowledge and confirm that I have read, understand and agree to all the above and seek employment under these conditions.**

Signature of applicant: \_\_\_\_\_

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