

Midwestern Machine

Application for Employment

Personal Information

Last Name		First Name		MI	Social Security Number	
Present Address/PO Box		City		State	Zip Code	
Permanent Address/PO Box		City		State	Zip Code	
Telephone Number		Message Number/Cell Phone		Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Class

General Information

Position applying for (be specific)		Date You can start	Salary or wage expected						
Check if you are willing to accept		Please fill in the times you are available to work each day.							
<input type="checkbox"/> Full Time	<input type="checkbox"/> Permanent	Hours Available	Sun	Mon	Tues	Wed	Thu	Fri	Sat
<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	From							
<input type="checkbox"/> Shift Work	<input type="checkbox"/> Seasonal	To							

Education/Training

Place an "X" in front of the highest grade completed

7
 8
 9
 10
 11
 12
 GED
 13
 14
 15
 16
 17

Name of School	Course of Study	Degree, Certificate, Occupational License

Subjects of special study or research

Special skills/abilities/license(s) / equipment / software operated

List any other qualifications which should be considered

Military Information

Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch
Dates of Service	From _____ To _____

Work History

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Please Complete the Work History Section Starting With Your Present or Most Recent Job

Company		City		State
Job Title		Hours worked per week		
List specific tasks complete on the job.		Machines/Equipment you operated		

Date Started		Date Ended		Wage	Reason for leaving
				\$ ____ per ____	
Month	Year	Month	Year		

Company		City		State
Job Title		Hours worked per week		
List specific tasks complete on the job.		Machines/Equipment you operated		

Date Started		Date Ended		Wage	Reason for leaving
				\$ ____ per ____	
Month	Year	Month	Year		

Company		City		State
Job Title		Hours worked per week		
List specific tasks complete on the job.		Machines/Equipment you operated		

Date Started		Date Ended		Wage	Reason for leaving
				\$ ____ per ____	
Month	Year	Month	Year		

Please Summarize any other work history you may have

Please list below three references who are not related to you and are not previous employers.

Name	Address	Telephone Number

By printing my initials in this box, I certify that the information on this application is correct and complete.

Date