**EMPLOYMENT APPLICATION**

Today’s Date: 



Name: Social Security #: 

Address:  Home Phone: 

City, Zip:  Cell Phone: 

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:  Email Address: 

Relationship:  Position Applied For: 

Date you can start:  Wage Desired: 

Are you over the age of 18? Yes No ***If*** no, state your age: 

Do you want to work Full-time: Part-time:

If part time, specify days and hours: 

Have you ever been employed by MIFS? Yes No

If yes, when? 

Are you willing to work (as necessary):

Overtime? Yes No

Weekends? Yes No

Out-of-Town Overnight? (Mon thru Fri)? Yes No

Do you have a valid Florida Drivers License? Yes No

How many days of work (or school) have you missed in the last two years? 

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?

Yes No

Are you willing and able to perform, in a reasonable and safe manner, all of the activities involved in the position for which you have applied? Yes No

If no, please explain

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Have you been convicted of a crime within the last 10 years (excluding minor traffic violations) including driving under the influence of alcohol or drugs? Yes No

If yes, state the nature of offense, when, where and disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*A conviction record will not necessarily be a bar to employment. This information will be used for job-related purposes and only to the extent permitted by law.

**Military Service:**

Have you ever served in the US Armed Forces? Yes No

List all duties in the service, including special training that is *relevant* to the position for which you have applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment History:**  List in order, last or current employer first. Account for any gaps in your employment.

Employer Name:  Telephone: 

Address:  Supervisor: 

Dates Employed: From:  Rate of Pay: Starting: 

To:  Ending: 

Position Held:  Reason for Leaving: 

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name:  Telephone: 

Address:  Supervisor: 

Dates Employed: From:  Rate of Pay: Starting: 

To:  Ending: 

Position Held:  Reason for Leaving: 

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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If you need more room to complete your prior work history, please use the back of this page or additional sheets of paper.

**Education:**

School:  Address: 

Course of Study:  Years Completed: 

Did you graduate?  Diploma or Degree Received: 

**Special Skills:**

Please describe why you are interested in working for our company and list any other skills and abilities that you feel especially qualify you for a position with us.

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**References: *(DO NOT List Relatives or Previous Employers*):**

1. Name:  Telephone: 

Address:  Years Known: 

2. Name:  Telephone: 

Address:  Years Known: 

3. Name:  Telephone: 

Address:  Years Known: 

**In case of an emergency, who should be notified?**

Name:  Telephone: 

Address:  Relationship: 

Name:  Telephone: 

Address:  Relationship: 

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with MIFS creates an actual or implied contract of employment. I understand that, if I accept employment with MIFS, it will be at an at-will basis. This means that either MIFS or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by MIFS. I release MIFS, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize MIFS to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release MIFS and its employees from all liability arising from such investigation.

**Signature of Applicant: Date:** 

MIFS considers all applicants for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with Federal laws prohibiting discrimination in employment.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, MIFS will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant’s identity and employment authorization, and it will be necessary for you to submit such documents as required by law to verify your identification and employment authorization upon employment.

**LETTER OF AUTHORIZATION**

The undersigned acknowledges as a condition of their employment, that the employer, MIFS, may require their services in the operation of vehicles/forklift that are owned, leased or rented by the employer.

In that, it is reasonable and prudent that the employer restrict the use of such vehicles to employees with acceptable driving records. The undersigned authorizes the employer and the agent to secure copies of the applicant’s Motor Vehicle Report. The information in that report can and will be shared by the employer, their agent, and various insurance companies for the exclusive purpose of evaluating their record and determining their acceptability as a vehicle operator.

Results of this evaluation will be provided to the applicant upon request.

 

Applicant Witness

 

Dated Dated

Full Name: 

Date of Birth: 

D. L. Number: 

State of Issue: 