

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation, or any other legally protected status. If you believe you have been a victim of discrimination, you may contact the appropriate Federal, State or Local agency to report the violation.



PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION. STATEMENTS AS "SEE RESUME" DO NOT SUBSTITUTE FOR COMPLETING ANY PORTION OF THE APPLICATION.

Personal Information				
LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employment Desired			
DATE OF APPLICATION		POSITION(S) APPLIED FOR	
SALARY DESIRED	DATE AVAILABLE FOR WORK	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	CAN YOU TRAVEL IF THE JOB REQUIRES IT? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOW DID YOU LEARN ABOUT US? (Please be specific)			
Radio _____ (station)		<input type="checkbox"/> Employment Agency _____ (name)	
Newspaper _____ (name)		<input type="checkbox"/> Trade Publication _____ (name)	
Referral _____ (name)		<input type="checkbox"/> Internet Site _____ (name)	
Walk In		<input type="checkbox"/> Other _____ (specific)	
Do you have any friends who are employed by us? Yes No		If yes, please list name(s):	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for a position or worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please give dates applied and/or position held:	
Do you have a valid driver's license for the state you will be working in? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Some positions may require a valid driver's license along with a good driving record)</i>		If no, please explain:	

Education	Name & Location (city/state)	Course of Study/Major	Number of Years Completed	Degree or Certification Received
High School				GED Diploma
Undergraduate College or University				
Graduate/Professional				
Other (Specify)				

Employment Experience - Start with your present or last job. You may include volunteer activities. If you require additional space, attach a separate sheet using the same format.

1	START DATE (MO/YR)	EMPLOYER	TYPE OF BUSINESS		
	END DATE (MO/YR)	POSITION TITLE	REASON FOR LEAVING		
STARTING SALARY		EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP
ENDING SALARY		IMMEDIATE SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S TELEPHONE	
JOB DESCRIPTION (duties, skills and equipment used)					

2	START DATE (MO/YR)	EMPLOYER	TYPE OF BUSINESS		
	END DATE (MO/YR)	POSITION TITLE	REASON FOR LEAVING		
STARTING SALARY		EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP
ENDING SALARY		IMMEDIATE SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S TELEPHONE	
JOB DESCRIPTION (duties, skills and equipment used)					

3	START DATE (MO/YR)	EMPLOYER	TYPE OF BUSINESS		
	END DATE (MO/YR)	POSITION TITLE	REASON FOR LEAVING		
STARTING SALARY		EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP
ENDING SALARY		IMMEDIATE SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S TELEPHONE	
JOB DESCRIPTION (duties, skills and equipment used)					

4	START DATE (MO/YR)	EMPLOYER	TYPE OF BUSINESS		
	END DATE (MO/YR)	POSITION TITLE	REASON FOR LEAVING		
STARTING SALARY		EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP
ENDING SALARY		IMMEDIATE SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S TELEPHONE	
JOB DESCRIPTION (duties, skills and equipment used)					

5	START DATE (MO/YR)	EMPLOYER	TYPE OF BUSINESS		
	END DATE (MO/YR)	POSITION TITLE	REASON FOR LEAVING		
STARTING SALARY		EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP
ENDING SALARY		IMMEDIATE SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S TELEPHONE	
JOB DESCRIPTION (duties, skills and equipment used)					

Supervisory References – Three references required (ie: Managers, Teachers, Coaches, etc.)

NAME & TITLE	COMPANY/ORGANIZATION	CITY & STATE	TELEPHONE	YEARS KNOWN

Specialized Skills

0	1 2 3	4 5 6 7	8 9 10
NONE	BEGINNER	INTERMEDIATE	ADVANCED

Using the number scale above as a guide, please choose one number for each skill listed below that you feel best reflects your experience level (with 0 being the least and 10 being the highest):

MICROSOFT WORD	MICROSOFT EXCEL	MICROSOFT POWERPOINT	TYPING SKILLS
WRITTEN COMMUNICATIONS	VERBAL COMMUNICATIONS	MATH SKILLS	ORGANIZATIONAL SKILLS
CUSTOMER SERVICE SKILLS	TEAMWORK	INITIATIVE	PROBLEM SOLVING

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, military service, or protected status.

State any additional information you feel may be helpful to us in considering your application.

Questions

1	What specifically do you do to set an example for others?
2	In hindsight, how could you have improved your performance at your last position (or last school semester)?
3	Explain a time you exceeded a supervisor's (or teacher's) expectations?

Applicant's Authorization & Certification

I certify that answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in the rejection of my application.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This includes conducting reference checks of all previous and current employers. I also understand and authorize that a background check may be conducted prior to, during, or after employment as deemed necessary by the employer to make employment decisions, and that the information contained therein may be considered in making decisions as related to the job function. I authorize all persons, schools, companies, current and/or former employers, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also release Midwest Communications, Inc., and affiliates, from all liability for any damage that may result from utilization of such information. In addition, I understand and authorize that if I am offered and accept employment with Midwest Communications, Inc., and affiliates, that I may be required to undergo drug/alcohol testing if it is suspected by a supervisor or manager that I am under the influence of drugs or alcohol while on the job.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

In the event of employment, I understand that false information, omissions, or misrepresentations of facts regarding information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Electronic Signature of Applicant

Date

Please check this box to verify your electronic signature and agreement to the above terms.

If signed electronically, please complete this area upon on-site visit:

Signature of Applicant

Date

Please check this box to verify your signature and agreement to the above terms.