

# Mid-States Services, LLC

4100 Oklahoma Avenue

Trenton, MO 64683

Phone 660.359.2045

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## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Please print all responses.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Phone ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Position(s) applying for \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Temporary \_\_\_\_\_

Salary Expectations \$ \_\_\_\_\_ per \_\_\_\_\_ Date available \_\_\_\_\_

Have you ever applied for work with Mid-States Services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed by Mid-States Services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Specify Position \_\_\_\_\_

How were you referred to Mid-States Services? \_\_\_\_\_

Do you have any relatives who are presently (or have formerly been) employed by Mid-States Services?  
\_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

# Educational Background

Schooling Level	School Name City & State	Major/Minor	GPA	Did you graduate? If yes, list date and type of degree/diploma. If no, indicate number of years completed.
High School				Yes____ No__
College(s) or University(ies)				Yes____ No__
Graduate School(s)				Yes____ No__
Technical Training				Yes____ No__

Are you taking any courses at present? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Please list any other job related courses that you have completed.

<u>Course</u>	<u>Year Passed</u>	<u>Designation Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any software programs you have experience using. \_\_\_\_\_

List any other skills you have acquired which you feel we should be aware of in considering your application.

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# Work History

*List present and past work experience for the last five years beginning with your most recent job.*

1.	Employer	From (mo/yr)	To (mo/yr)
Street Address		City & State	Phone No.
Your job title		Salary: Beginning Ending	
Description of responsibilities		Supervisor	
Reason for leaving ( if still employed, state reason for seeking other employment)			
2.	Employer	From (mo/yr)	To (mo/yr)
Street Address		City & State	Phone No.
Your job title		Salary: Beginning Ending	
Description of responsibilities		Supervisor	
Reason for leaving			
3.	Employer	From (mo/yr)	To (mo/yr)
Street Address		City & State	Phone No.
Your job title		Salary: Beginning Ending	
Description of responsibilities		Supervisor	
Reason for leaving			

If currently employed, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have ever been employed using a last name(s) other than your current name, please specify name and employer:

\_\_\_\_\_

List and explain all periods of unemployment below, beginning with your most recent:

From \_\_\_\_\_ To \_\_\_\_\_ Explanation \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Explanation \_\_\_\_\_

## Professional References

*Please list professional references only (i.e. former supervisors, instructors or professional associates). Do not include relatives or friends.*

Name and Occupation	Address	Phone	Years Known

1. Do you have any objection to working overtime?      Yes       No
2. Can you work overtime without prior notice?      Yes       No

## Applicant Acknowledgments

By signing below, I hereby certify that all my answers and statements are true and complete. I authorize Mid-States Services to make a thorough investigation of past employment, professional references and all other facts stated on this application. I release from all liability or responsibility all persons, places of business and municipalities supplying such information. I realize that falsification or omission of any information will be cause for rejection or dismissal.

I understand that if I accept employment at Mid-States Services I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, express or implied, for continued employment.

Because of Mid-States Services, LLC.'s policy to provide a smoke free environment, I agree to comply with the no smoking rule while at work.

Signed \_\_\_\_\_ Date \_\_\_\_\_

