

## Mi-T-M CORPORATION APPLICATION FOR EMPLOYMENT

**TO ALL APPLICANTS:** Please complete this form in detail. The law prohibits discrimination based on age, sex, religion, race, color, marital or veteran status, national origin and disability.

PERSONAL:						
Name:				Date:		
(Last)	(First)		(Middle)			
Address:						
(Street)	)	(City)	(Sta	te) (Zip)		
Home Phone:	Busin	ess Phone:		Soc S	Sec #:	
Position Desired:				Pay Expected	<u>1:</u>	
Have you filed an applic	cation with us before?	If s	so, when:	Refer	red by:	
			,			
Are you available to wo	rk: □ Full time □	Part time	☐ Shift Work	☐ Temporary	Date Available:	
Are you a citizen of the					□ No	
(	Proof of citizenship or in	mmigration st	atus will be requir	ed upon employm	nent)	
Are you over the age of	18? ☐ Yes ☐ No	May we co	ntact your presen	t employer? □	Yes □ No	
EDUCATION:						
High School (name an	d location)			Diplo	ma or Equivale	ency
				□Ye	es 🗆 No	
Undergraduate/Gradu		Years	Major			
(Name of school and lo	ocation)	Completed	Subject	Gradı Y	uated N	Degree
				Y	N N	
				Y	N	
Describe any specialize	nd training apprentices	in certification	on and/or ekille:	ļ.		
Describe any specialize	a training, apprentices	iip, certificatio	on and/or skills.			
List Professional/Civic (	Organizations that you a	are associate	d with that pertain	to the position ap	plied for:	
Describe any job-relate	d training received in th	e United Stat	es military:			

<b>EMPLOYMENT HISTORY:</b> Please give present or most recent employer.	e accurate, complete full-tir	me and p	part-time employment re	ecord.	Start with

REFERENCES: (List references we may contact who are qualified to evaluate your work abilities.)  Name Address & Phone Number Relationship Company Name & Phone Number 1.  2. 2. 3. 3.  Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which haveen annulled, expunged or sealed by a court?   yes   No   If Yes, describe in full    APPLICANT ACKNOWLEDGMENT AND AGREEMENT: You must read the following statements and agreements and by signing your name, you acknowledge that you have read, understand, and agree to all statements in certify that this application was completed by me and that all entries on it and information in it are true and complete he best of my knowledge. I authorize investigation of all statements made in this application. I understand and agree that any misrepresentation or omission of fact for any information requested is cause for dismissal regardless of wher discovered.  Lunderstand that MI-T-M CORPORATION is committed to a drug-free work place and that the company may require o undergo a pre-employment drug screening. Satisfactory test results will be a condition for employment. Lunderstand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	Date MO/YR)	Name/A	ddress of Employer	Supervisor's Name & Title		Salary	Position Title/Duties	Reason for Leaving
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