

APPLICATION FOR EMPLOYMENT



MITTERNIGHT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status genetic information or any other legally protected status

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Relative		<input type="checkbox"/> Other			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address		

Best time to contact _____ : _____ am/pm

If you are under the age of 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with us before? If yes, give date: _____ yes no

Have you ever been employed with Mitternight before? If yes give date: _____ yes no

Do any of your friends or relatives, other than spouse, work here? _____ yes no

If yes, state name and relationship _____

Are you currently employed? _____ yes no

May we contact your present employer? _____ yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? yes no

proof of citizenship or immigration status will be required upon employment

Date available for work: _____ What is your desired salary range? _____

Are you available to work: _____ Full time _____ Part Time: AM or PM _____ Temporary

Are you currently on "lay-off" status and subject to recall? _____ yes no

Are you available to work any shift? _____ yes no

Are you available to work overtime, if necessary? _____ yes no

Can you travel if a job requires it? _____ yes no

EDUCATION

School	NAME OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? yes no

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly rate/Salary		
	From	To	
Starting/Present Job Title			
Reason for Leaving		May We Contact <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly rate/Salary		
	From	To	
Starting/Present Job Title			
Reason for Leaving		May We Contact <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly rate/Salary		
	From	To	
Starting/Present Job Title			
Reason for Leaving		May We Contact <input type="checkbox"/> yes <input type="checkbox"/> no	

REFERENCES

Name	Phone Number	Best time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving to an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at the time. I hereby understand and acknowledge that unless otherwise defined by the 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand also that I am required to abide by all rules and regulations of the Employer.

READ CAREFULLY

I hereby authorize Mitternacht Boiler Works, Inc., to verify and secure transcripts of my educational records, to make inquiries of my former employers as to my job performance, and to inquire of references as to my qualifications and desirability as an employee.

Signature of Applicant

Date