



# MIDWEST METAL PRODUCTS INC.

## EMPLOYMENT APPLICATION:

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

**Note:** Please type or print your answers. If you print, please do so in blue or black ink and write neatly. If we can't read it, we can't consider hiring you!! Do not send a resume. When completed, do not email this to [Bobby@MidwestMetalProducts.com](mailto:Bobby@MidwestMetalProducts.com). The completed and readable application should be faxed to 507-452-7318. We will notify you if we have an opening that might fit your profile. Thank you for applying to join our team!

POSITION APPLYING FOR IF KNOWN: \_\_\_\_\_

### PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Permanent Address (if different from above):

Street and Apt. # City State Zip Code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

- ✓ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
- ✓ At the company's discretion a background check will be run on applicants/potential hires.

Last name: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Present or Most Recent Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Wage/salary: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Wage/salary: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Your Position: \_\_\_\_\_ Wage/salary: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by this company?  Yes  No

If so, when: \_\_\_\_\_

Last name: \_\_\_\_\_

## **EDUCATION**

### *High School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No

If you did not graduate, number of years attended \_\_\_\_\_.

Did you receive your GED?  Yes  No

Special honors or awards: \_\_\_\_\_

### *Technical or Vocational School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No

Degree or Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### *College or University*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

## **RESTRICTIONS**

Have you ever received compensation for an occupational injury or illness?

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At times, this job will require lifting heavy objects (50-60 lbs). Do you have any restrictions in doing this activity?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last name: \_\_\_\_\_

**POSITION INFORMATION:**

***Position Specifications***

Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

In addition to 40 hours a week, are you willing to work overtime?     Yes          No

Would you be able to work weekends?                                          Yes          No

Are you willing to work 2<sup>nd</sup> shift (9:00pm – 5:30am)?                          Yes          No

When would you be able to start? \_\_\_\_\_

***Skills***

Please describe any specialized skills you may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ✓ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: \_\_\_\_\_ Date \_\_\_\_\_