

Application for Employment

Date:	Position Applied For:	
Date Available to Work:	Referred By:	
************	**********************	
INSTRUCTIONS:		
print using blue or black ink. Upon er record with this company.	this form must be answered to the best of your ability. Please mployment this application will become part of your permanent	
We are an Equal Employment Oppo	any information that is prohibited by Federal, State, or Local law rtunity Employer. This company does not discriminate on the tional origin, citizenship, age, marital status, disability, or veteran	
************	**********************	
PERSONAL:		
Name (Last, First, MI):		
Street Address:		
City, State, Zip Code:		
Telephone: ()	Cell: ()	
Email address:	Social Security #:	
Are you legally authorized to work in **Compliance with I-9 Form requirem	the US? Yes No nents is mandatory upon employment.**	
Have you ever been convicted of a fe	elony? Yes No (This will not necessarily affect your	
application.) If yes, please describe:		
Have you ever been convicted of a n	noving traffic violation? Yes No (This will not necessarily	
affect your application.) If yes, please	e describe:	
Do you have a Commercial Drivers L	icense? □ Yes □ No	
********	*************************************	

EDUCATION: School Name and Location High School: Did you graduate? ☐ Yes ☐ No College: _____ Did you graduate? ☐ Yes ☐ No Degree: ____ Major: Minor: Post College: _____ Other Training: In addition to your work history, are there other skills, qualifications, or experience that we should Military Training: ☐ Yes ☐ No **GENERAL EMPLOYMENT INFORMATION:** 1. List below the equipment that you have experience and training: 2. Have you ever been employed by this company? Yes No If yes, please list dates of prior employment. 3. Do you have relatives that are currently employed by this company? ☐ Yes ☐ No 4. If required, are you willing to relocate? ☐ Yes ☐ No 5. Salary / Wage expectations: ______ Number of hours per week: _____ 6. Full Time ☐ Part Time ☐

Company Name:	Telephone: (
Address:		
	Date Started:	_ Wage Started
Position Ended:	Date Ended:	_ Wage Ended:
Supervisor:	May we contact? □ Yes	□ No
Reason for Leaving:		
Company Name:	Telephone: ()
Address:		
Position Started:	Date Started:	_ Wage Started
Position Ended:	Date Ended:	_ Wage Ended:
Supervisor:	May we contact? 🛘 Yes	□ No
Reason for Leaving:		
Company Name:	Telephone: ()
Address:		
	Date Started:	_ Wage Started
Position Ended:	Date Ended:	_ Wage Ended:
Supervisor:	May we contact? □ Yes	□ No
Reason for Leaving:		
Company Name:	Telephone: ()
Address:		
Position Started:	Date Started:	_ Wage Started
Position Ended:	Date Ended:	_ Wage Ended:
Supervisor:	May we contact? ☐ Yes	□ No
Reason for Leaving:		

hat does <u>"Work Ethics"</u> mean to you (<u>Response Required</u>):
MDI OVMENT ADDI ICATION TEDME AND CONDITIONS
MPLOYMENT APPLICATION TERMS AND CONDITIONS y submitting your application for employment, you agree to and incorporate the following terms and onditions:
certify that answers given herein or on attached resume are true and completed to the best of my nowledge and I have personally completed this application. I understand that falsification of formation provided on this application or on a resume if one is provided, or during the interview rocess, will constitute sufficient grounds for MINDA North America, LLC to terminate my mployment.
authorize MINDA North America, LLC and any of its agents to verify any information I have provided in this application, or a resume if provided, or during the interview process. I further authorize MINDA orth America, LLC to conduct a background investigation and to check personal and employment eferences. Also, I agree to a pre-employment physical and substance/drug testing. I release anyone esponding to MINDA North America, LLC inquiries from any and all liability to me which could result om disclosure of information provided. I hereby release any and all claims I might have against IINDA North America, LLC or any of its agents related to such inquires.
understand that my employment may be contingent upon completion and satisfactory results from y references checks, background checks and driving record.
give permission to MINDA North America, LLC to obtain my current Motor Vehicle Record. I nderstand that this information will be used to determine my eligibility as a driver for MINDA North merica, LLC, and that this information will become part of my personnel record. As an employee, I gree to inform the Human Resource Department of any changes that are applied to my driving ecords in the event of employment.
the event that I am hired, I understand that MINDA North America, LLC is an "At Will" employer, leaning that either myself or the Company can terminate my employment relationship at any time ith or without just cause or notice.
pplicant Signature Date