

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. If applicable, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name First Nan			Name	e Middle Initial				Social Security Number:				
Street Ac	reet Address City/State			Zip Code				Phone Number:				
If hired, can you provide evidence of le work in the U.S.?				com			Any offer of employment is conditioned upon ompleting form I-9 and providing the appropriate locuments for identity and work authorization.					
Position	Desired:	Wage	e/Sala	ry Desired:		Full Time? Part Time?						
Have you ever been convicted of a felony, misdemeanor involving any violent act, use possession of a weapon, or act of dishonest the record has not been sealed or expunged have such a case pending? Answering "yes bar you from consideration for employmen				or y for which or do you "will not	If yes	s, when?		If yes,	where?	•		
			ears of age or older?				If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.					
Name of high school attended:				City & State			Graduate?		G	ED?		
Name of college or technical school:				City & State			Gra	Graduate?		egre	e?	Major:
Are you presently enrolled in school?				If yes, give name & address of school and expected degree date:								
List any	job-related skil	ls or accor	nplisł	nments, inclu	ıding r	nilitary se	rvice:					
				- Your Avai		•						
From:	Monday	Tuesday		Wednesday	у Т	Thursday	Fı	riday	Sa	aturd	lay	Sunday
To:												
Total hou available	irs per week yo to work:	ou are		Do you hav	ve any	special re	quest	s or needs	s for a v	work	sched	ule?
	Ct m		-					****				
- Give Three References That Are Not Former Employers Who We May Contact - Name and Occupation How do you know them, and for how long? Phone Num								Number				
Name and Occupation How				uo you kilo	w uieii	i, and for	now 1	ongt		\top	r none	INUIIIUUI

Your Employment History

List names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From:	To:					
City, State, Zip Code	Hourly pay or salary:						
	Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:						
Telephone:							
Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From:	To:					
City, State, Zip Code	Hourly pay or salary:						
	Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:						
Telephone:							
Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From:	To:					
City, State, Zip Code	Hourly pay or salary:						
	Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:						
Telephone:							

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Midwestern Metals, Inc., any employment relationship with the Midwestern Metals, Inc. is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.				
Signature:	Date:			