

# 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 Is?

Advertisement  Friend  Employment Agency  Relative  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number (voluntary) \_\_\_\_\_

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

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

**Do not include family members or past supervisors**

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 at 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 that time.  
 I hereby understand and acknowledge that, unless otherwise defined by 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.

<hr style="width: 30%; margin: 0 auto;"/> Signature of Applicant	<hr style="width: 30%; margin: 0 auto;"/> Date
---	---