

**MONNIG INDUSTRIES, INC. EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone \_\_\_\_\_

Type of work preferred: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Are you 18 or older \_\_\_\_

Education:(Circle Highest Grade Completed): 9 10 11 12 13 14 15 16 16+

Experience: Are You Currently Employed? \_\_\_\_\_

Do you have any physical limitations that limit your ability to perform manual labor?

Yes: \_\_ No: \_\_

**1. Present or Most Recent Employer:** Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Start pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Description of Work and Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_

**2. Previous Employer:** Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Start pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Description of Work and Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_

Description of Work and Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_

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**3. Previous Employer:** Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Start pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Description of Work and Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_

Description of Work and Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Reason for Terminating Employment: \_\_\_\_\_

What Job Related Skills or Qualifications Do You Possess? \_\_\_\_\_

Have you Ever Been Convicted of a Crime (other than minor traffic Citations)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, List all convictions showing offences and date. (Only job related offenses will be considered in evaluating your employment qualifications.) \_\_\_\_\_

References: (Name of Persons Not Related to You Whom We May Contact);

Name	Business	Address	Phone

Emergency contact: Name: \_\_\_\_\_ Number: \_\_\_\_\_

Important - Please Read and Sign: I authorize investigation of any and all of my employment history and all statements contained in this application. I understand that misrepresentation or omissions of facts are grounds for termination of employment. I understand that this document is not to be construed as a guarantee of employment for any specific period of time for any specific type of work. I understand that filling out this application neither implies that an interview will take place nor that employment will result. Testing for job-related skills, and for the presence of drugs in my body may be required prior to employment.

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