

MMIF, LLC

6065A RANGELINE RD.
 THEODORE, AL 36582
 PHONE: 251-443-1100
 FAX: 251-443-1110

APPLICATION FOR EMPLOYMENT

Last Name			First	Middle	Date	
Street Address					Home Telephone	
City, State, Zip					Business Telephone	
Position Desired					Pay Expected	
Apart from absence for religious observances, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					When will you be available to begin work? _____	
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offences, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", describe in full.					Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" with what employers?	
Other special training or skills (languages, machine operations, etc.)						
E D U C A T I O N	School	Name and Location	Course of Study	No. of years complete	Did you Graduate	Degree or Program
	Graduate					
	College					
	Business/Trade/ Technical					
	High School					
	Elementary					

EMPLOYMENT		Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer	
1	Company Name	Telephone	
	Address	Employed-(State month and year) From _____ To _____	
	Name of Supervisor	Weekly pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving	
2	Company Name	Telephone	
	Address	Employed-(State month and year) From _____ To _____	
	Name of Supervisor	Weekly pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving	
3	Company Name	Telephone	
	Address	Employed-(State month and year) From _____ To _____	
	Name of Supervisor	Weekly pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving	
4	Company Name	Telephone	
	Address	Employed-(State month and year) From _____ To _____	
	Name of Supervisor	Weekly pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving	

We may contact the employees listed unless you indicate those you do not want us to contact	DO NOT CONTACT
	Employer Number(s) Reason:

MILITARY	Did you serve in the U S Armed Forces? Yes ___ No ___	If "Yes", in what Branch?
Describe any training received relevant to the position for which you are applying		

ADDITIONAL INFORMATION
Membership in Professional and Civic Organizations special, special accomplishments, awards, etc. (Exclude those which may disclose race, color, religion, age and national origin)

Applicant's Signature	
Please read and understand this statement before signing your application:	
<p>The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind, will be sufficient cause for my application to be rejected, or if discovered after I am employed, cause for immediate termination of my employment.</p> <p>I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.</p> <p>This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an application will end. I may re-apply for employment in the future by completing a new application.</p> <p>This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.</p>	
I fully understand and accept all terms and conditions in the above statement	
_____	_____
Date	Signature
PLACE OF BIRTH	
DRIVER'S LICENSE INFORMATION	