



# Midland Marketing

## Application for Employment

MIDLAND MARKETING is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

**Notice: Substance and Alcohol Testing is required of applicant driver.**

### Personal Information

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

### ADDRESSES FOR THE PAST THREE (3) YEARS:

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years of age or older? Yes  
No

Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by Midland Marketing: \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No

## POSITION DESIRED

Position: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Have you previously worked for Midland Marketing?  Yes  No

If yes, from \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

Reason for leaving: \_\_\_\_\_

Former supervisor(s) at Midland Marketing: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

## EDUCATION

Name and Location of School	Last Year Completed	Did you Graduate?	Subjects Studied & Degree(s)
High School _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
College _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
Trade, Business or Correspondence School _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

Other Education or Training: \_\_\_\_\_

Other Special Skills: \_\_\_\_\_

Have you ever been convicted of a crime?\*  Yes  No

If yes, give details, including dates: \_\_\_\_\_

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

## Employment History

Please provide information on past employers during the **preceding 10 years**, beginning with the most recent.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Street City Zip Code Date Date

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May We Contact:  Yes

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Street City Zip Code Date Date

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May We Contact:  Yes

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Street City Zip Code Date Date

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May We Contact: Yes

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

# EXPERIENCE AND QUALIFICATIONS – DRIVERS

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)**  
**If you have not had any convictions in the past three years then write, NONE, in the space provided.**

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If answered yes to either of the two previous questions, explain why giving details below: \_\_\_\_\_

\_\_\_\_\_

## ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Last Accident: \_\_\_\_\_  Fatality  Injury  Non-Injury  
Date Nature of Accident (Head-On, Rear End, etc.)

Next Previous: \_\_\_\_\_  Fatality  Injury  Non-Injury  
Date Nature of Accident (Head-On, Rear End, etc.)

Next Previous: \_\_\_\_\_  Fatality  Injury  Non-Injury  
Date Nature of Accident (Head-On, Rear End, etc.)

## REFERENCES

Give the name of three persons **not** related to you, whom you have known for at least one year.

Name	Address	How Acquainted	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorized Midland Marketing to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give Midland Marketing any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Midland Marketing and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Midland Marketing's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of Midland Marketing has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT MIDLAND MARKETING HAS THE SAME RIGHT.

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

## FCRA DISCLOSURE AND AUTHORIZATION STATEMENT

**ALL APPLICANTS FOR EMPLOYMENT:** Please read carefully before signing below.

As part of its employment application process, I understand that Midland Marketing Co-op, Inc may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics, criminal background, or mode of living. I understand these may be questions about my person or educational background, work experience, character, or personality.

I understand that upon written request to Midland Marketing Co-op, Inc, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of such investigation. I understand that an investigative consumer report is a report in which information regarding my character, general reputation, personal characteristic, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize Midland Marketing Co-op, Inc to obtain a consumer/investigative consumer report on me as part of its pre-employment background investigation process. If I am offered employment by Midland Marketing Co-op, Inc I further authorize their staff to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

By signing below, I also acknowledge that I have been provided with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_