



Mile Point, LLC

Application for Employment

1. This application must be complete by the applicant in its entirety to be considered for employment.
2. If a question is not applicable, please indicate.
3. This application will only be considered current for 90 days, after which it must be renewed to be considered.

DATE _____

PERSONAL INFORMATION

First Name _____ Middle _____ Last _____

Street and Number _____

City/State _____ Zip _____ Home No. _____

Cell _____ Email address _____

Driver's License No. _____ State Issued _____ Expiration Date _____

Do you have a valid TWIC? _____ Yes _____ No

Do have the legal right to work in the U.S.? _____ Yes _____ No

Are you at least 18 years old? _____ Yes _____ No

JOB SPECIFICS

Type of employment you are seeking _____ Temporary _____ Full-time _____ Part-time

What position are you applying for? (Be specific) _____

Salary desired _____ Least acceptable salary _____

What hours and shift(s) would you prefer to work? _____

Please indicate any shift(s) you would not be available to work: _____

When you could you start? _____

APPLICATION DATA

How did you find out about this job? Newspaper _____ Referral_By Whom? _____

Have you ever worked for Mile Point LLC before? _____ Yes _____ No Year: _____

List any acquaintances or relatives employed by this company _____

Are you on layoff and subject to recall? _____ Yes _____ No

Have you ever been discharged or asked to resign from any position _____ Yes _____ No

If yes, please describe _____

Have you ever been convicted of a crime other than a minor traffic violation? _____ Yes _____ No

If yes, where and when? City/State: _____ Date: _____

NOTE: Conviction of a crime or the existence of a criminal record does not constitute an automatic bar to employment. All circumstances will be taken into consideration.



Mile Point, LLC

EDUCATION AND TRAINING

Please circle the highest attained

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 G.E.D.

Name and City: _____

College 1 2 3 4 5 6

Name and City: _____

Degree and Major: _____

Do you have any special skills or experience which would make you more qualified for Mile Point? If so, provide details: _____

EMPLOYMENT HISTORY

Please list your last 5 employers beginning with your current or most recent employer.

1. Company:	Address:	Phone:	FROM:		TO:	
			Mo.	Yr.	Mo.	Yr.
Job Title:	Specific reason for leaving:	Supervisor's name and title:				
Describe duties briefly:		Starting salary:	Ending salary:			

2. Company:	Address:	Phone:	FROM:		TO:	
			Mo.	Yr.	Mo.	Yr.
Job Title:	Specific reason for leaving:	Supervisor's name and title:				
Describe duties briefly:		Starting salary:	Ending salary:			

3. Company:	Address:	Phone:	FROM:		TO:	
			Mo.	Yr.	Mo.	Yr.
Job Title:	Specific reason for leaving:	Supervisor's name and title:				
Describe duties briefly:		Starting salary:	Ending salary:			



Mile Point, LLC

Employment History (Continued)

4. Company:	Address:	Phone:	FROM:		TO:	
			Mo.	Yr.	Mo.	Yr.
Job Title:	Specific reason for leaving:	Supervisor's name and title:				
Describe duties briefly:		Starting salary:	Ending salary:			

5. Company:	Address:	Phone:	FROM:		TO:	
			Mo.	Yr.	Mo.	Yr.
Job Title:	Specific reason for leaving:	Supervisor's name and title:				
Describe duties briefly:		Starting salary:	Ending salary:			

EMPLOYMENT INFORMATION

May we contact your present and former employer(s)? Yes No

If not, tell us which one(s) you do not wish us to contact and why? _____

How many jobs have you had in the last 10 years that are not listed above? _____

Do you intend to work a second job if employed by Mile Point LLC? Yes No

If yes, state: _____

(Name and address of the employer) (position and duties) (pay and your work hours) (Name of supervisor)

What is the job you have enjoyed the most and why? _____

List any professional or trade organizations which you consider relevant to your ability to perform the position for which you are applying? _____

REFERENCES

(other than relatives or former relatives)

	Name	Address	Telephone	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____



Mile Point, LLC



I authorize the company to contact any of my previous employers as well as any reference source in order to verify the facts and information I have furnished regarding my qualifications and character, I hereby authorize any person(s) having knowledge thereof to provide such information to the company, and I, hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I authorize the company to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of the company who furnishes such information.

I understand that no alcohol, or drugs are permitted on company premises, and that either being under the influence of alcohol or having identifiable traces of illicit drugs in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to so notify management, in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon returning to work. Also, no firearms are allowed on company premises, except employees may store lawfully possessed firearms or other weapons in their personal vehicles while parked on company property provided the vehicle is locked and such firearms or other weapons are hidden from plain view or locked in a case or container within the vehicle.

I hereby agree and understand that as a condition of my employment or continued employment, I may be required to submit to physical examination, urine testing, or other tests or examinations upon request of my employer if such is not prohibited by the law.

If employed, I understand that the employment is for no definite period of time and may be terminated at will by me or by my employer without cause or notice at any time. I further understand that no representative of my employer has the authority to enter into any employment agreement contrary to the foregoing.

I certify that my application for employment is true and complete and I understand that if employed, false or omitted statements on this application or on any other company documents shall be considered sufficient cause for immediate dismissal.

Applicant's Signature: _____ **Date:** _____

Applicants are considered for employment without regard to race, color, sex, age, religion, national origin or disability.

****Check over the foregoing application, be sure it is complete and signed, and return it to the company representative****