

All applicants will be considered for employment without regards to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability, sexual orientation or gender identification, genetic information, or any other status protected by law. We are an Equal Opportunity Employer.

Name \_\_\_\_\_ Date \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NO. STREET CITY STATE ZIP

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 1. GENERAL INFORMATION

Referred by:  Our Ad  Agency  Friend/Relative  Other: \_\_\_\_\_

Are you over 18 years of age?  Yes  No (If no, a work permit may be required)

Are you legally eligible for permanent employment in the United States?  Yes  No If hired verification will be required by law

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?  Yes  No

Are you a convicted felon, or do you have any pending felony charges?  Yes  No Chicago, Detroit & Indy applicants leave blank

Position(s) applied for: \_\_\_\_\_  Full Time  Part Time  Seasonal

Have you worked for us before?  Yes  No If Yes, When? \_\_\_\_\_ Position \_\_\_\_\_

Date available to start work? \_\_\_/\_\_\_/\_\_\_ Salary or wages desired: \$\_\_\_\_\_  Hour  Week  Year

Indicate special qualifications or skills \_\_\_\_\_

### 2. EDUCATION AND TRAINING

Name and Address of School	Course of Study	Diploma/Degree
High School: Address:		
College: Address:		
Other: Address:		

### 3. MILITARY SERVICE

Branch of Service	From	To	Rank & Duties	Date Discharged

#### 4. EXPERIENCE

Employer	Phone ( ) -	From:	To:
Address City, State, Zip		Position	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

Employer	Phone ( ) -	From:	To:
Address City, State, Zip		Position	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

Employer	Phone ( ) -	From:	To:
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Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

Employer	Phone ( ) -	From:	To:
Address City, State, Zip		Position	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

#### 5. PERSONAL REFERENCES

Name	Address	Years Known	Telephone



DBA Michigan Surveyors Supply and  
City Blueprint of Toledo

## **APPLICATION FOR EMPLOYMENT**

Midwest Survey Supply, Inc. hereinafter referred to as “the Company”.

I certify that the information given on the application for employment is true and complete to the best of my knowledge. Should I be employed by the Company, any false statement or misrepresentation may be considered cause for possible dismissal.

I understand that the Company can make no guarantee as the number of hours I may be assigned from week to week and any reduction in hours can affect my benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or a permanent basis in order to continue my employment.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by the Company, I understand I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

I agree to take a physical examination, drug screen, and breath alcohol test upon hire, at the option of the Company, at no personal expense. I also agree that the examining physician may disclose to the Company or its representatives the results of such examination.

I agree that I have read and understand the above and recognize that all of the above are conditions of employment.

The company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_