



Mills Manufacturing Corporation
EMPLOYMENT APPLICATION

MILLS MANUFACTURING CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT AND ANSWER EACH QUESTION ON BOTH SIDES OF THIS APPLICATION FULLY AND ACCURATELY :

Position Desired: _____ Date: ____ / ____ / ____

How did you hear about Mills and what/who prompted you to apply? _____

Why do you want to work at Mills Manufacturing Corporation? _____

Expected starting wage? \$ _____ Expected hourly wage after 1 year? \$ _____ If hired, when can you start? _____

If you could have your choice of any type of work or career, what would it be? _____

Do you have any friends or relatives who work here? If yes, who? _____

APPLICANT PROFILE

Last: _____ First: _____ Middle: _____

Mailing Address (Street or Route)	City	State	Zip Code
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Social Security Number: _____ - _____ - _____ Phone Number (_____) - _____ - _____

Have you ever been employed by Mills or Miltex? Yes No

If yes, when and what job? _____

What are your future goals? _____

Explain what **Dependability** means when you work for someone else _____

The Immigration and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. If hired, can you furnish proof of citizenship, U.S. permanent residency or authorization to work?

Yes No



EDUCATION

	Name of School	How long attended	Course(s) or Degree
High School			
College			
Business School			
Other Training			

Have you ever been convicted of a felony?*(Check Yes or No) If yes, please describe _____

*A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Is there any reason why you would not be able to be at work, on time, everyday?_____ If "yes," explain what might prevent you from being dependable and steadily performing all of the work applied for in this application:_____

EMPLOYMENT HISTORY

Employer Name _____ Job Title & Duties _____
 Address _____
Street Address

 City _____ State _____ Zip Code _____
 Supervisor _____ Reason for Leaving _____
 Employed From _____ to _____
Month/Year Month/Year Full Time Part Time Salary \$ _____

Employer Name _____ Job Title & Duties _____
 Address _____
Street Address

 City _____ State _____ Zip Code _____
 Supervisor _____ Reason for Leaving _____
 Employed From _____ to _____
Month/Year Month/Year Full Time Part Time Salary \$ _____

Employer Name _____ Job Title & Duties _____
 Address _____
Street Address

 City _____ State _____ Zip Code _____
 Supervisor _____ Reason for Leaving _____
 Employed From _____ to _____
Month/Year Month/Year Full Time Part Time Salary \$ _____



PHYSICAL INFORMATION:

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to perform the essential functions of the work for which you are applying. On the other hand, if you want us to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate. _____

Are you presently able to perform the essential duties and functions of the work for which you have applied? _____
 If "No" please describe the essential duties and functions which you are **unable** to perform. _____

If the work you are applying requires you to stand for 10 hours per day, can you do it? _____ If "No" please explain: _____

MILITARY SERVICE:

Branch of Service: _____ From _____ To _____ Was discharge honorable? _____
 Duties Performed? _____
 Reserve Status: _____

REFERENCES

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

EMPLOYEE AGREEMENT

I certify that I am 18 years of age or older.
 I certify that answers given are true and complete to the best of my knowledge.
 I understand that false or misleading information given in my application or interview(s) will result in disqualification from further consideration or immediate termination of employment.
 I agree, consent to, and understand that I must submit to and successfully pass a pre-employment drug test which is a condition of my employment with Mills.
 I authorize Mills Manufacturing Corporation to investigate all statements contained in this application including former employees, schools, transcripts, references and other information; I release Mills Manufacturing Corporation from any and all liability or damages because of furnishing such information.

_____/_____/_____
EMPLOYEE SIGNATURE **DATE**