MIDWEST COIN CONCEPTS ~ Employment Application

Date:

EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, sexual orientation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

Personal Information:									
Name: First	Initial								
		Last		CT.	7:n.				
Address:					Z1p:				
Telephone: ()	Cell Phone: (()							
Email									
Eman									
Have you worked for us before? \square	Yes □ No								
If yes, where?	when		Are you o	ver age	18? □ Yes □ No				
In Case of Emergency Notify:			•	C					
Name: First Initial Last		Telephone: (_)						
First Initial Last		_							
Address:		_ City:		_ST:	Zip:				
Availability:									
Are you authorized to accept emplo	-				cation required)				
What type of position are you seeki	_								
Position applying for:		Desired Wa	ge:						
Check days you <u>can</u> work: □Mon □	☐Tues ☐Wed ☐Thur	⊔Fri ⊔Sat ⊔Su	ın						
General Education:									
	Address								
School Name: Address: Address: Braduate: \(\text{ Graduate: } \text{ No} \)									
Now Enrolled: Yes No Sports or Activities: Graduate.									
College Attended:	•								
School Name:	Address:								
# of Years Attended:	GPA: Sub	ject Studied:							
Degree/Diploma: Now Enrolled: ☐ Yes ☐ No									
Sports or Activities:			=						
Most Recent Employment:									
Company:	Address:	·							
Telephone: () Position Date employed: From To	tion:	Supe	rvisor:						
Date employed: From To_	Wage:	_ Reason for lea	aving:						
(Mgmt ref. Check done by:)	1					
Company:	Address								
Company: Posit	ion:	Super	visor:						
Date employed: From To	Wage:	Reason for lea	aving:						
(Mgmt ref. Check done by:)						
Do we have permission to contact y	-	•	⊔ No						
Have you ever been terminated from Important Skills:	n any position? \square Yes	5 LI 1NO							
mportant anns									

Special Activities:					
References:					
Name:	Telephone: (_)		Years Known:	
Address:	City		State	Zip	
Name:	•)		•	
Address:	• ,	/			
	City		State	Zip	
Name:	Telephone: (_)		Years Known:	
Address:	City		State	Zip	
					9/30/05
if any false information, omissions, or misr I am employed, my employment may be tent to conform to the company's rules and reguterminated, with or without cause, and with I also understand and agree that the terms a cause, and with or without notice, at any tir other than its president, and then only wher into any agreement for employment for any foregoing. I also understand that my job apadays. Signature:	rminated at any alations, and I ago or without noting on the companion within and within the companion within and with specific period	time. gree the ce, at f my earny, I signed of time.	In consideration any time, employment understand by the parties, or to reactive w	derations of my employment, apployment and compensation at either my or the company ent may be changed, with or and that no company represent president, has any authority to make any agreement contrary	, I agree a can be y's option. without tative, o enter y to the
			_ Date:		
Interviewer or Reference Comments:					