



Application For Employment

Mingo Manufacturing is an Equal Opportunity Employer and is committed to excellence through diversity. The application must be fully completed to be considered. This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm you are authorized to work in the U.S. Please print or type.

Personal Information

Name		SSN (Last 4 Only)	DOB	
Address		City	State	Zip
Phone Number	Email Address		Are you authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Referred By:		Are you currently working with a placement Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes- Which agency?		

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education/Training

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		



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Employer (2)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer (3)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer (4)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Other Information

Special Certifications/Studies

Special Training

Military Service/ Date of Discharge

Rank

Have you ever been convicted of a felony?

If yes, please explain

Yes No

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)

Signature

Date