



Millard

APPLICATION FOR EMPLOYMENT MILLARD REFRIGERATED SERVICES

We're glad you are interested in working with us at Millard. This application form is our first impression of you. Please take the time and effort to accurately and honestly complete every line on this form. Your completed application is important because it will help us evaluate your suitability for employment at Millard. But that's all the application does. We can't promise you will eventually receive an offer of employment. We can promise, however, that all qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, disability not affecting essential job functions, or veteran status.

PERSONAL INFORMATION

NAME	LAST Thomas	FIRST Marlin	MIDDLE INITIAL S.	Preferred First Name-Nickname	SOCIAL SECURITY NUMBER 343 - 66 - 2748
ADDRESS	NUMBER & STREET 1101 East 36th Court	CITY Des Moines	STATE IA	ZIP CODE 50317	
TELEPHONE	HOME PHONE (515) 999 - 0630	WORK PHONE () - -			
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES LIST YOUR AGE		HOW FAR FROM HERE DO YOU LIVE?	
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION)? (ANSWERING "YES" DOES NOT AUTOMATICALLY DISQUALIFY YOU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
IF YES, GIVE DATE AND BRIEF EXPLANATION:					
HAVE YOU WORKED FOR MILLARD BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF "YES" GIVE TERMINATION DATE(S) AND LOCATION		WHY DID YOU LEAVE?	
DO YOU PLAN TO WORK ELSEWHERE IF YOU ARE EMPLOYED BY US? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF "YES" WHERE?		IF "YES" LIST YOUR NORMAL WORK SCHEDULE (DAYS, TIMES, ETC.)	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

WORK PREFERENCE

POSITION DESIRED Forklift Operator	EXPECTED RATE OF PAY \$18 hr	OTHER POSITIONS YOU WOULD CONSIDER yes
WHAT HOURS OF THE DAY ARE YOU AVAILABLE TO WORK? any/all rotating shifts	WHAT DAYS OF THE WEEK ARE YOU AVAILABLE TO WORK? Sunday - Saturday	WHAT DAYS OR TIMES ARE YOU NOT ABLE TO WORK? I'm available for all days & shifts
STATUS DESIRED <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NORMAL HOURS YOU WISH TO WORK PER WEEK MINIMUM 40 MAXIMUM 72	IF YOU ARE HIRED, ON WHAT DATE WOULD YOU BE ABLE TO BEGIN WORK? 1-10-14
HOW DID YOU FIND OUT ABOUT THIS JOB, AND WHY DO YOU WANT IT? Indeed.com		
HAVE THE PHYSICAL SKILLS, ABILITIES, AND ESSENTIAL FUNCTIONS REQUIRED FOR THE JOB FOR WHICH YOU ARE APPLYING BEEN EXPLAINED TO YOU? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WILL YOU BE ABLE TO CONSISTENTLY AND RELIABLY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION AND TRAINING

HIGH SCHOOL	NAME, CITY, STATE Joliet Central High, Joliet, Illinois	NUMBER OF YEARS 4yrs.	DID YOU RECEIVE A DIPLOMA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	NAME, CITY, STATE Des Moines Area Community College	MAJOR 5/2010 - 12/2014	DATES ATTENDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
OTHER	NAME, CITY, STATE	MAJOR	DATES ATTENDED <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE DESCRIBE ANY OTHER FORMAL TRAINING YOU HAVE ATTENDED THAT RELATES TO THE JOB FOR WHICH YOU ARE APPLYING.			
PLEASE DESCRIBE ANY EXPERIENCE YOU HAVE WITH COMPUTERS, OFFICE MACHINES, FORKLIFTS, HEAVY EQUIPMENT, ETC.			
HAVE YOU WORKED WITH THE PUBLIC BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES," DID YOU ENJOY IT? Yes I did.	

PERSONAL REFERENCES

LIST TWO PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS, OTHER THAN PREVIOUS EMPLOYERS OR RELATIVES

NAME Robert Hodge	ADDRESS Des Moines, IA	CITY 50315	STATE 515	ZIP 991-7722	PHONE NUMBER (REQUIRED)
NAME Delano Maxwell	ADDRESS Mended Metal Works, Des Moines, IA	CITY 50312	STATE 515	ZIP 778-9120	PHONE NUMBER (REQUIRED)

EMPLOYMENT HISTORY

List your previous employers. Begin with your current or most recent job. **You must account for all of at least the past five years**, so be sure to explain any time you were not actively employed. If you need additional space, attach another sheet of paper.

VERIFIED BY		DATE		COMMENTS	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER (REQUIRED)
Mended Metal Works	2121 Hubbell Ave	Des Moines	IA	50317	(515) 778-9120
YOUR TITLE	DUTIES YOU PERFORMED		NAME OF YOUR SUPERVISOR		MAY WE CONTACT?
Fabricator/welder	scrapped metal+installed gates		Delano Maxwell		YES <input checked="" type="checkbox"/> NO
REASON FOR LEAVING	STARTING PAY	ENDING PAY	DATES EMPLOYED		
started full-time at DMACC	\$13 hr	\$15 hr	FROM 03/2010	TO 05/2012	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			WHAT DID YOU LIKE LEAST ABOUT THIS JOB?		
I liked the flexible hours and overtime			Business slowed down during the winter months		

VERIFIED BY		DATE		COMMENTS	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER (REQUIRED)
Bridgestone/Firestone	4600 NW 2nd St	Des Moines	IA	50313	(515) 243-1211
YOUR TITLE	DUTIES YOU PERFORMED		NAME OF YOUR SUPERVISOR		MAY WE CONTACT?
Tire Builder/ Forklift dr.	Built tires & operated forklifts		Matt Coker		YES <input checked="" type="checkbox"/> NO
REASON FOR LEAVING	STARTING PAY	ENDING PAY	DATES EMPLOYED		
left to pursue a welding career	\$12.50 hr	\$26 hr	FROM 11/2006	TO 03/2010	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			WHAT DID YOU LIKE LEAST ABOUT THIS JOB?		
i liked the team first atmosphere			i didn't like the tar under my fingernails. That's it.		

VERIFIED BY		DATE		COMMENTS	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER (REQUIRED)
1-800 Connect	2205 Ingersoll Ave	Des Moines	IA	50312	(515) 865-2524
YOUR TITLE	DUTIES YOU PERFORMED		NAME OF YOUR SUPERVISOR		MAY WE CONTACT?
Installer/Sales Rep	Installed and sold cable service		Demetrius Young		YES <input checked="" type="checkbox"/> NO
REASON FOR LEAVING	STARTING PAY	ENDING PAY	DATES EMPLOYED		
Contract ended.Started new job	\$13hr	\$15hr	FROM 06/2001	TO 11/2006	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			WHAT DID YOU LIKE LEAST ABOUT THIS JOB?		
short work days with big pay incentives			Contract work		

VERIFIED BY		DATE		COMMENTS	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER (REQUIRED)
R & R Donnelley	5701 Park Ave.	Des Moines	IA	50321	(515) 254-0331
YOUR TITLE	DUTIES YOU PERFORMED		NAME OF YOUR SUPERVISOR		MAY WE CONTACT?
Print Press/Forklift Op.	Ran presses and operated lifts		Mike Braafhart		YES <input checked="" type="checkbox"/> NO
REASON FOR LEAVING	STARTING PAY	ENDING PAY	DATES EMPLOYED		
company closed/relocated	\$13.15hr	\$16.50hr	FROM 04/1998	TO 06/2001	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			WHAT DID YOU LIKE LEAST ABOUT THIS JOB?		
Management treated the employees great			The company closed.		

VERIFIED BY		DATE		COMMENTS	
COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER (REQUIRED)
					() -
YOUR TITLE	DUTIES YOU PERFORMED		NAME OF YOUR SUPERVISOR		MAY WE CONTACT?
					YES NO
REASON FOR LEAVING	STARTING PAY	ENDING PAY	DATES EMPLOYED		
			FROM / /	TO / /	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			WHAT DID YOU LIKE LEAST ABOUT THIS JOB?		

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					() -
YOUR TITLE	DUTIES YOU PERFORMED		NAME OF YOUR SUPERVISOR		MAY WE CONTACT?
					YES NO
REASON FOR LEAVING	STARTING PAY	ENDING PAY	DATES EMPLOYED		
			FROM / /	TO / /	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			WHAT DID YOU LIKE LEAST ABOUT THIS JOB?		

CERTIFICATION BY APPLICANT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that material omissions or misrepresentations may cause this application to be rejected, or if I am employed, may result in my termination. I understand that this is a preliminary application and not a contract for employment or an offer of employment. I understand that this application is good for only thirty days. At the end of that time, if I have not heard from Millard Millard and still wish to be considered for employment, it will be necessary for me to give written notice of my interest, or to complete a new application.

I also understand that if employed, I am subject to a probationary period. My employment, however, may be terminated at any time, at the option of either myself or the company, for any reason, regardless of the length of time I am employed prior to termination. No representative of the company has made any agreement with me contrary to the foregoing, or may enter into any agreement to employ me for any specific length of time, and I understand that no company representative is authorized to do so.

RELEASE BY APPLICANT

I hereby authorize the release of information to Millard Refrigerated Services in connection with their processing of my employment application. This authorization applies to the current and prior employers, schools, and personal references listed above, and also to court, law enforcement, and credit agencies, so that they may provide any information and documentation requested. I hereby release all persons and organizations, including Millard and current or former employers, from all liability for damages for requesting or releasing this information. A copy of this release is acceptable authorization.

SIGNATURE OF APPLICANT _____

DATE _____