

**EMPLOYMENT
APPLICATION**

MILLER CABLE COMPANY
An Equal Opportunity Employer

TODAY'S DATE: _____

FULL NAME: _____
 LAST FIRST ML

SOCIAL SECURITY NUMBER: _____

HOME PH: _____ WORK PH: _____

CURRENT ADDRESS: _____
 STREET CITY STATE ZIP

PRIOR ADDRESS: _____
 STREET CITY STATE ZIP

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE".
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly, incomplete or illegible applications will not be processed

APPLICATION NOTE

This Application form is intended for use in evaluating your qualifications for employment. This not an employment contract. Please answer all questions completely and accurately. False or misleading statements or omissions during the interview or on this form are grounds for terminating the application process or, if discovered after employment commences, terminating employment. All applicants will receive consideration without discrimination because of sex, sexual orientation, marital status, race, age, creed, or national origin. If an offer of employment is made, you may be required to undergo a medical examination and/or drug screen.

JOB INTEREST

For Which position are you applying? _____

What date can you start? _____ Are you on layoff subject to recall? _____

Salary expected? _____

Have you Filed an application here before? _____ Yes _____ No If yes, give date(s) _____

Have you been employed here before? _____ Yes _____ No If yes, give date(s) _____

Are you a U.S. Citizen or alien legally entitled to work in the position(s) for which you have applied? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16+

NAME

CITY/STATE

GRADUATED?

HIGH SCHOOL		
COLLEGE		
OTHER		

SECURITY

List state and counties of residence for the past three years. _____

Yes No Have you any names or Social Security Numbers other than those on this page? If so, please list on back.

Yes No Have you ever been convicted of or plead guilty to felony or misdemeanor other than a minor traffic violation (conviction or plea will not necessarily disqualify applicant from employment) _____ Yes _____ No. If yes, please explain.

INCIDENT CITY/STATE CHARGE

1.		
2.		

JOB RELATED SKILLS

List languages in which you are fluent: _____

Yes No Do you have a commercial driver's license. (CDL)

DL# Class Issue State

Yes No Do you have any driving violations? Please describe: _____

Please list other skills, licenses or certifications that may be job-related or that could be of value to this job or company.

Yes No Have you been given a job description?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job within or without reasonable accommodation?

EMPLOYMENT RECORD

Starting with your most present or recent job, list your employment experience. Do not omit any employment.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer? Yes No If yes, may we contact? Yes No Have you ever been discharged or asked to resign from any position with this company._____
COMPANY NAME CITY STATE PHONE NUMBER_____
TO FROM_____
DATES EMPLOYED JOB TITLE SUPERVISOR NAME_____
DUTIES_____
SALARY (HOUR,WEEK,MONTH) REASON FOR LEAVING**SECOND MOST RECENT EMPLOYER** Yes No Are you currently working for this employer? Yes No If yes, may we contact? Yes No Have you ever been discharged or asked to resign from any position with this company._____
COMPANY NAME CITY STATE PHONE NUMBER_____
TO FROM_____
DATES EMPLOYED JOB TITLE SUPERVISOR NAME_____
DUTIES_____
SALARY (HOUR,WEEK,MONTH) REASON FOR LEAVING**THIRD MOST RECENT EMPLOYER** Yes No Are you currently working for this employer? Yes No If yes, may we contact? Yes No Have you ever been discharged or asked to resign from any position with this company._____
COMPANY NAME CITY STATE PHONE NUMBER_____
TO FROM_____
DATES EMPLOYED JOB TITLE SUPERVISOR NAME_____
DUTIES_____
SALARY (HOUR,WEEK,MONTH) REASON FOR LEAVING**REFERENCES**

Include only individuals familiar with your ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEAR KNOWN/RELATIONSHIP
1.		
2.		

COMMENTS: _____

ASK FOR AN ADDITIONAL PAGE IF NECESSARY

CERTIFICATION AND RELEASE

PLEASE READ CAREFULLY - IMPORTANT

I certify that i have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information,omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents. Including consumer reporting bureaus,to verify any of this information including. But not limited to criminal history and motor vehicle driving records. I authorize all persons,schools,companies and law enforcement authorities to release any information concerning my background and hereby release any said persons,schools,companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires,I am willing to submit to drug testing to detect the use of illegal drug prior to and during employment.

SIGNATURE	DATE
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