

Application for Employment

M.T. Minogue, Inc. is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date: ____/____/____

Position(s) Applied For: _____

Referral Source: () Advertisement () Friend () Relative () Walk-In
() Employment Agency () Other: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone: (____) _____ - _____ (Home) (____) _____ - _____ (Cell)
(Area Code) (Area Code)

Social Security Number: ____/____/____

If employed and you are under 18 years of age, can you furnish a work permit? () Yes () No

Have you filed an application here before? () Yes () No If yes, give date: ____/____/____

Have you ever been employed here before? () Yes () No If yes, give date: ____/____/____

Are you employed now? () Yes () No

May we contact your present employer? () Yes () No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? () Yes () No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? ____/____/____

Are you able to work: () Full-Time () Part-Time () Shift Work

Are you on a lay-off and subject to recall? () Yes () No

Do you own and drive a car? () Yes () No

If No, what will be your means of transportation to and from work? _____

Have you ever been convicted of a Felony? () Yes () No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain:

Indicate languages you speak, read, and/or write:

Speak: _____ () Fluent () Good () Fair

Speak: _____ () Fluent () Good () Fair

Speak: _____ () Fluent () Good () Fair

Read: _____ () Fluent () Good () Fair

Read: _____ () Fluent () Good () Fair

Read: _____ () Fluent () Good () Fair

Write: _____ () Fluent () Good () Fair

Write: _____ () Fluent () Good () Fair

Write: _____ () Fluent () Good () Fair

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1.) _____
- 2.) _____
- 3.) _____

Veteran of the U. S. Military service? () Yes () No If yes, which branch? _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 20123 of the Viet Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

() Handicapped () Disabled Veteran () Vietnam Era Veteran

Sign here: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color religion, gender, national origin, handicap or other protected status.

1.) Employer: _____
Address: _____
Telephone: (____) _____ - _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Hourly Rate/Salary: (Starting) \$ _____ (Ending) \$ _____
Reason for Leaving: _____
Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____

2.) Employer: _____
Address: _____
Telephone: (____) _____ - _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Hourly Rate/Salary: (Starting) \$ _____ (Ending) \$ _____
Reason for Leaving: _____
Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____

3.) Employer: _____
Address: _____
Telephone: (____) _____ - _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Hourly Rate/Salary: (Starting) \$ _____ (Ending) \$ _____
Reason for Leaving: _____
Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____

4.) Employer: _____
Address: _____
Telephone: (____) _____ - _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Hourly Rate/Salary: (Starting) \$ _____ (Ending) \$ _____
Reason for Leaving: _____
Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment of other experience.

EDUCATION

School Name(s):

High School: _____

State of High School: _____

Years completed: () 9 () 10 () 11 () 12

If High School was not completed, did you receive your G.E.D.? () Yes () No

College: _____

State of College: _____

Years completed: () 1 () 2 () 3 () 4

Diploma Degree: _____
(If Applicable)

Graduate/Professional: _____
(If Applicable)

Describe Course of Study:

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities:

Honors Received: State any additional information you feel may be helpful to M. T. Minogue, Inc. in considering your application:

Applicant Questionnaire

This short form is designed to provide information which directly applies to the people employed by M. T. Minogue, Inc. Your cooperation in answering these questions as completely and accurately as possible will help in the evaluation of this application.

- 1.) Check any of the following in which you have a workable skill. List where you achieved this knowledge (Name of Company, School and/or Service).

Skill	Where Trained
<input type="checkbox"/> Drive Truck	_____
<input type="checkbox"/> Drive Tractor-Trailer	_____
<input type="checkbox"/> Drive Fork-Lift	_____
<input type="checkbox"/> Cash Register Experience	_____
<input type="checkbox"/> Checkout/Calculator Experience	_____
<input type="checkbox"/> Computer Experience	_____
<input type="checkbox"/> Lottery Terminal Experience	_____
<input type="checkbox"/> Dealing with Public	_____
<input type="checkbox"/> Sales Experience	_____
<input type="checkbox"/> Warehouse Experience	_____
<input type="checkbox"/> Refrigeration/Plumbing	_____
<input type="checkbox"/> Other Skills/Experience you feel are important. Please list.	
• _____	
• _____	
• _____	
• _____	
• _____	

- 2.) Why do you want to work for M. T. Minogue, Inc.? Please be brief. You can explain in detail if you are called for an interview.

Applicant Questionnaire (continued)

3.) Please answer the following calculation problems.

- One six pack costs \$2.49. There is a \$0.05 deposit on each container and a 7% sales tax on the cost of the product only. How much will three six packs cost?

Answer: _____

- A row of cases is 6 cases high and 7 cases long. One of the stacks has only 5 cases in it. How many cases are in the row?

Answer: _____

- The Volunteer Fire Department is having a 4th of July party and is expecting 198 people of which 150 are adults and 48 are children. They need enough to serve each adult four beers and each child three sodas. A $\frac{1}{2}$ keg will serve 300 glasses, how many $\frac{1}{2}$ kegs do they need? There are 24 cans of soda in each case. How many cases of soda do they need?

Answer: _____ $\frac{1}{2}$ kegs

Answer: _____ soda cases

- A customer returns three cases of empties. The first case contains 19 bottles worth \$0.05 each. The second case contains 21 bottles worth \$0.15 each and the case is worth \$0.40. The third case is worth \$3.90 with all the bottles, but it is missing 2 bottles that are worth \$0.20 each. What is this customer's total credit?

Answer: _____

4.) How do you characterize yourself as an employee? Check *only Seven* of the following.

- | | |
|---|---|
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Sometimes unhappy |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Skilled | <input type="checkbox"/> Stymied |
| <input type="checkbox"/> Improving | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Safe |
| <input type="checkbox"/> Still learning | <input type="checkbox"/> Want advancement |
| <input type="checkbox"/> Uninterested | <input type="checkbox"/> Sometimes lazy |
| <input type="checkbox"/> Hard working | <input type="checkbox"/> Sometimes careless |
| <input type="checkbox"/> Interested | <input type="checkbox"/> Can't wait for quitting time |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____/_____/_____
Signature of Applicant Date

Personnel Department Use Only

Date: ____/____/____

Arrange Interview: () Yes () No

Remarks:

Employed: () Yes () No

Job Title: _____

Department: _____

Hourly Rate/Salary: \$ _____