

Application for Employment

First Name: _____ Last Name: _____ M.I. _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position Desired: _____

Can you perform the essential functions of the position for which you are applying? Yes No

If you are unsure of the essential functions of the position, please ask for a copy of the job description for the position in which you are applying.

If No, please explain.

Are you legally eligible to be employed in the U.S.? Yes No

Have you worked previously for Midwest Salt? Yes No If yes, when _____?

Are you available to work: DAYS EVENINGS SATURDAY SUNDAY

If hired, on what date would you be able to start work? _____

Type of School	Name and Location	Years Completed	Course/Major	Degree Completed/Received
High School				
College				
Post Graduate				
Other				
Business/Trade				



1300 W. Washington St., West Chicago, IL 60185
Email: CustomerService@midwestsalt.net
Ph: 630-513-7575 • Fax: 630-513-8546 • MidwestSalt.com

EMPLOYMENT HISTORY - COMPLETE EVEN IF SUBMITTING RESUME
START WITH MOST RECENT FIRST

Employer:	Supervisor Name:	Telephone Number:	
Address:		Dates Employed: FROM: TO:	
Job Title:	Reason for Leaving:	May we contact? Yes No	Hourly Rate/Salary: START: FINAL:
Describe your Job Duties: FT PT			

Employer:	Supervisor Name:	Telephone Number:	
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ADDITIONAL QUALIFICATIONS

Do you have any special skills, abilities, experience and/or training that would increase your ability to perform the position you have applied for? If yes, please explain in detail.

LIST ANY SPECIFIC CURRENT CERTIFICATIONS OR LICENSES EARNED.
LICENSES

Class A License	-# of year with licenses_____	-Expires:_____
Class B License - CDL with Air Brake Endorsement	-# of year with licenses_____	-Expires:_____
Class C License	-# of year with licenses_____	-Expires:_____
Other:_____	-# of year with licenses_____	-Expires:_____

CERTIFICATIONS

BUSINESS REFERENCES - Include a peer, manager, and subordinate (or a 2nd manager)

Name	Company/Title	Phone Number	Years Known

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing.

I have carefully reviewed this application form and certify that the facts listed in the employment application are accurate and complete. I understand that any material false statements or intentional omissions shall be considered sufficient cause for the denial of employment or for immediate termination employment. I also understand that if offered a position with Midwest Salt, my employment is contingent upon successful completion of a drug screening and a background check. Additionally, I understand the neither the completion of the application nor any other part if my consideration for employment establishes any obligation for Midwest Salt to hire me.

PLEASE PRINT First Name: _____ Last Name: _____ M.I. _____

Applicant Signature: _____

For Official Use Only: Resumé Submitted- Yes ____ No ____