



Personal Information

Name (Last Name First)			
Present Address	Apt. No.	City	State Zip
Are you 18 Years or Older?			Phone
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Yes For What ?			

Desired Employment

Position	Date You Can Start	Salary Desired
Are You Employed Now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Apply to This Company Before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where? When?
Ever Worked For This Company Before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where? When?
Reason For Leaving		
Name of Last Supervisor At This Company		
Who Referred You to This Company?		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Friend
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Walk In <input type="checkbox"/> Other

Education

School Level	Name and Location Of School	#Years Attended	Did you graduate	Subject Studied
Grammar School				
High School				
College				
Trade, Business, Correspondence School				

General

Subjects of Special Study or Research Work
Special Training
Special Skills

Former Employers

List Below Last Three Employers, Starting With The Most Recent One First

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			
Name of Previous or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			
Name of Previous or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Applicant's Statement

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment. I hereby authorize anyone of who request is made to supply Middletown Home Sales Inc. any information concerning my background in connection with my being considered for employment with the Company. I hereby release all parties, including but not limited to, the Company, my personal references and my previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the Company concerning me or any action the Company takes on the basis of such information

I understand that this application is not and is not intended to be a contract of employment.

I also understand that this application will be valid for only 90 days and that I may re-apply thereafter.

It is Middletown Home Sales, Inc.'s desire to provide a drug-free, healthy, and safe workplace by eliminating the hazards to health and job safety created by alcohol abuse, drug abuse, and controlled substance abuse.

In order to comply with and maintain this company policy, Middletown Home Sales, Inc. requires a pre-employment alcohol and drug test. * Your signature and date of application below indicate that you agree to and understand this requirement *

In the event of employment, I understand that:

- I am required to and agree to abide by all Company rules and regulations as condition of employment;
- my employment is at-will and is for no definite period of time, and as such, either the Company or I may terminate the employment relationship with or without cause at any time;
- this application is not a contract of employment; and
- misrepresentation or omission of facts on this application is cause for immediate dismissal.
- I agree to take a drug & alcohol test if I file a workman's comp injury claim
- I agree to a random drug test upon request at any given time by Middletown Home Sales

Signature of Applicant

Date

Experience and Qualifications - Driver

Driver Licenses	STATE	LICENSE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES OF USE (FROM) (TO)	# MILES DRIVEN (APPROX.)
STRAIGHT TRUCK (10,000+gvw)			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____
 B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

***IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Plant Maintenance

	1 (Good)	2 (Average)	3 (Fair)
Carpentry			
Electrical			
Elec. License			
Heat/Vent/AC			
Machine Repair			
Painting			
Plumbing			
Roofing			
Drywall			
Tile/Floor			

General Labor

	1 (Good)	2 (Average)	3 (Fair)
Auto Repair			
Blueprint Read			
Janitorial			
Landscaping			
Retail			
Security			
Yardwork			
Warehouse Per			