

We appreciate your interest in MGI. We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration from employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants who require reasonable accommodation to apply and/or be interviewed should notify a representative of MGI.

Name _____
 Street Address _____ Apt. No. _____
 City _____
 State _____ Zip _____
 Telephone _____

Are you 18 Years old or older? Yes No If no, list age _____
Note: if a minor, complete attached consent form.

Will you be able to get to work every day scheduled and on time? Yes No

Have you ever worked for MGI before? Yes No

If yes, dates and location: _____

Reason for leaving MGI: _____

Availability Hours available _____

	M	T	W	TH	F	SA	SU
From:							
To:							

Position applying for: _____ Are you legally able to be employed in the U.S.? Yes No Date available to start: _____

Education List current or most recent first

Type of School: High School, College, Other	Name of School	Number of Years Completed (choose one)	Graduate (choose one)	Type of degree, diploma, certificate received and major
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	

Work Experience Please list your work experience beginning with your most recent job held. If you are self-employed, give the firm name.

Company _____
 Position/Title _____
 Supervisor _____
 Last Salary _____

Address _____
 Phone _____
 Dates Worked From: _____ To: _____
 Reason for leaving _____

Company _____
 Position/Title _____
 Supervisor _____
 Last Salary _____

Address _____
 Phone _____
 Dates Worked From: _____ To: _____
 Reason for leaving _____

Company _____
 Position/Title _____
 Supervisor _____
 Last Salary _____

Address _____
 Phone _____
 Dates Worked From: _____ To: _____
 Reason for leaving _____

PARENT OR GUARDIAN MINOR CONSENT FORM

Dear Parent or Guardian:

In accordance with corporate policy, parental or guardian consent is required prior to our employment of a minor age 16 or 17 during the school year. Please indicate your approval of your child's employment by completing the Minor Consent Form contained below. Further, should your child require emergency medical treatment as a result of an injury sustained while working, your signature on the consent form authorizes such treatment as soon as possible after any injury occurs. The company will endeavor to contact you at the telephone numbers listed below to advise you of the situation.

In addition to the above consent, we require that proof of age be presented on or before your son/daughter's employment date. As such, please ensure that he/she has an official document (birth certificate, driver's license, etc.) that contains his or her date of birth available for review. This review will ensure that we are in compliance with State law relative to the scheduling of minors. Thank you for your cooperation.

References

Please list two references other than relatives or previous employers

Name _____
 Occupation _____
 Company _____
 Length of time known _____
 Address _____
 Telephone No. _____

Name _____
 Occupation _____
 Company _____
 Length of time known _____
 Address _____
 Telephone No. _____

Have you ever worked for a retail store / supermarket? Yes No If so, explain _____
 May we contact your present employer? Yes No If no, please explain why we cannot contact _____
 May we contact your previous employer? Yes No If no, please explain why we cannot contact _____
 Please explain any gaps in employment _____

The Company prohibits the illegal use of drugs or any alcohol before coming to work, during working hours, or breaks or at any time on company premises or at company functions.
 Will you comply with this policy if you are hired? Yes No If no, please explain _____

***YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS AFTER THAT YOU MUST RE-APPLY**

APPLICANT'S STATEMENT

I certify that answers made on this Employment Application are true and complete. I understand and agree that any misrepresentation, falsification or omission on my application or related papers or made during any oral interviews may result in refusal of employment or shall be grounds for immediate dismissal.

MGI may make an investigation of my history to develop and contact references, and may verify all data in my application for employment, related papers or oral interviews. I permit MGI to conduct such an investigation and release from liability MGI and/or any person or company providing or refusing to provide such information and any company and individual conducting or assisting in such an investigation.

I understand and agree that if I am hired, my employment is at will, is for no definite period, and may be terminated at anytime without prior notice and for any reason not contrary to law. I further understand that this application does not constitute an agreement or contract of or for employment. I acknowledge that if I am hired, I will be required within three days to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form. Failure to submit such proof will result in immediate termination of employment.

I understand that if MGI extends an offer of employment, I may be required to successfully pass a drug and alcohol screening and a criminal background check.

I further understand that, if I am employed by MGI, I may be subject to job related medical examinations.

Applicant's Signature _____ Date _____

MR0004 (0615)

NAME OF MINOR

First _____ Last _____ Middle Initial _____

ADDRESS OF MINOR

Street _____ City/ State _____ Zip _____

Date of Birth _____ Age _____ School District in which minor lives _____

School Minor Attends _____

Name of Parent/Guardian _____ Relationship to Minor _____

Street Address _____

City/ State _____ Zip _____ Telephone _____

I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may work with my approval.

Signature of Parent or Guardian _____ Date Signed _____