



# MID AMERICA PET FOOD

## APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_

LAST NAME:	FIRST:	MIDDLE:	MAIDEN	OTHER NAMES USED
PRESENT STREET ADDRESS/APT#		CITY	STATE	ZIP
HOME PHONE/MOBILE		SOCIAL SECURITY#	DATE OF BIRTH	DRIVERS LICENSE#
POSITION OR TYPE OF WORK APPYING FOR:				
HOW DID YOU HEAR ABOUT EMPLOYMENT AT MID AMERICA PET FOOD LLC?				
DATE AVAILABLE FOR WORK:		SALARY DESIRED:		

IF HIRED, CAN YOU PRESENT EVIDENCE OF U.S. CITIZENSHIP OR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?

\_\_\_ YES \_\_\_ NO

ARE YOU PRESENTLY EMPLOYED: \_\_\_ YES \_\_\_ NO

MAY WE CONTACT YOUR EMPLOYER? \_\_\_ YES \_\_\_ NO

SEEKING: \_\_\_ FULL TIME \_\_\_ PART TIME \_\_\_ PRN \_\_\_ TEMPORARY

### ----- **TRAINING/EDUCATION**

PLEASE INDICATE ANY EDUCATIONAL, VOCATIONAL, ON-THE-JOB, OR OTHER TRAINING YOU HAVE RECEIVED WHICH WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS AND/OR IN DETERMINING YOUR QUALIFICATIONS FOR THE POSTION WHICH YOU ARE APPLYING.

HIGH SCHOOL NAME	LOCATION	GRADUATED?
		YES or NO
COLLEGE NAME	LOCATION	DEGREE
		MINOR/MAJOR
GRADUATE SCHOOL NAME	LOCATION	DEGREE
		MINOR/MAJOR
OTHER SCHOOLS, SPECIAL TRAINING OR SKILLS, INCLUDING LANGUAGES:		
<b>PROFESSIONAL LICENSE</b>	<b>TYPE:</b>	<b>STATE ISSUED:</b>
<b>OR CERTIFICAION:</b>	<b>NUMBER:</b>	<b>DATE RECEIVED:</b>
		<b>DATE EXPIRES:</b>

TEXAS LAW PERMITS OBTAINING RECORD OF CONVICTIONS, DEFERRED ADJUDICATIONS OF FELONY CHARGES AND CURRENT OFFENSES. **I UNDERSTAND A CRIMINAL HISTORY CHECK MAY BE DONE.** \_\_\_ YES \_\_\_ INITIAL

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY? \_\_\_ YES \_\_\_ NO --- IF YES PLEASE EXPLAIN.

---

---

**Work experience must be documented on this form.  
ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT**

Present/Last Employer:		Phone:	
Address:		City/State/Zip:	
Supervisor:			
Start Date:	Left Date:	Beginning Pay:	Ending Pay:
Job Title:		Duties:	
Reason for Leaving:			
Name of Employer:		Phone:	
Address:		City/State/Zip:	
Supervisor:			
Start Date:	Left Date:	Beginning Pay:	Ending Pay:
Job Title:		Duties:	
Reason for Leaving:			
Name of Employer:		Phone:	
Address:		City/State/Zip:	
Supervisor:			
Start Date:	Left Date:	Beginning Pay:	Ending Pay:
Job Title:		Duties:	
Reason for Leaving:			
ADDITIONAL COMMENTS (OPTIONAL):			

**List four references who are not family.**

NAME:	Title:
Phone:	Company:
NAME:	Title:
Phone:	Company:
NAME:	Title:
Phone:	Company:
NAME:	Title:
Phone:	Company:

**Mail to: Mid America Pet Food  
P O Box 532  
Mt Pleasant, TX 75456  
Tel (903)572-5900  
Fax (903)572-3068**