



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:					
PROFESSIONAL LICENSE	TYPE:	STATE ISSUED:	NUMBER:	DATE RECEIVED:	DATE EXPIRES:
OR CERTIFICAION:					

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:

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