

**MID-SOUTH STEAM BOILER & ENGINEERING CO., INC.  
 MID-SOUTH CONTROL & SUPPLY CO., INC.  
 APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT  
 QUESTIONNAIRE / AN EQUAL  
 OPPORTUNITY EMPLOYER**

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER (REQUIRED)		

**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 APPLIED 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? PLEASE INCLUDE NAME BELOW		
<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"/> RADIO	<input type="checkbox"/> OTHER	

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
TRADE, BUSINESS OR 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

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?

YES

NO

NAME OF SUPERVISOR

TITLE

PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS  
EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVING DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT  
YOUR SUPERVISOR?

YES

NO

NAME OF SUPERVISOR

TITLE

PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS  
EMPLOYER

ADDRESS

CITY

STATE

ZIP

STARTING DATE

LEAVING DATE

JOB TITLE

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

MAY WE CONTACT  
YOUR SUPERVISOR?

YES

NO

NAME OF SUPERVISOR

TITLE

PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

## PREVIOUS EMPLOYERS CONTINUED

NAME OF PREVIOUS 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			

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	YEARS ACQUAINTED	BUSINESS	PHONE NUMBER

## SERVICE RECORD

BRANCH OF SERVICE RECORD	DISCHARGE DATE RANK

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

SIGNATURE

Revised 08/16/16