



Mid-America Contractors, Inc.
 1400 Iron Street
 North Kansas City, Missouri 64116
 (816) 221-4516

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Cell Phone: _____

Social Security No.: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you willing to work Overtime as required? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a relative or friend currently employed with us? If so who? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Education Cont.

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment Cont.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the information contained in this application is true, complete and correct. I understand that any falsification, misrepresentation or omission of information is grounds for refusal to hire or termination of employment if such falsification, misrepresentation or omission is discovered later. I authorize any of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education, or other information that they may have with regard to any of the subjects covered in this application. I expressly release these persons and organizations from any and all liability for any damage that may result from furnishing such information. I understand that an investigative report may be made by Mid-America Contractors, Inc. (the Company) or through third parties.

I understand that the Company had the right to search anything brought onto company premises and or job sites, including handbags, briefcases, tool boxes, gang boxes, vehicles, and personal effects. In the event of my employment with the Company, I agree to conform to the rules and regulations of the Company and acknowledge that these rules and regulations may be changed by the Company at any time and without prior notice to me.

I understand that the Company's acceptance of this application does not imply that the will be employed. I understand and agree that if employed, my employment is at-will and is for no definite period and can be terminated at any time without prior notice, regardless of the date of payment of my wages or salary. I acknowledge that no modification or alteration to my employment at-will status shall be binding on the Company unless it is expressly set forth in writing and signed by the President of the Company.

I hereby consent to provide the Company or third party with a specimen of my urine, breath, and/or blood, at the Company's discretion, for the purpose of conducting an alcohol and/or drug test. I understand that any conditional offer of employment is contingent upon passing the test, and such conditional offer will be withdrawn if I do not successfully pass. I hereby release the Company, its agents, employees, and officers from any and all liability which may result from my participation in the alcohol and/or drug test or from the disclosure of the test results.

Signature: _____ Date: _____

Note to Applicant: The Contractor Disclosure, Authorization & Consent form must be completed and attached to this application for consideration of employment.