Mid Michigan Body Parts, Inc.
Application for Employment
Phone: (989) 539-5471   Fax: (989) 539-9111
Email: mmbp@mmbp.net

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status. We are an equal opportunity employer.

Please print.   **Date of Application:** _____

Position applied for: _____

How did you hear about us? _____

Last Name	First Name	Middle Name

Street Address	City	State	Zip Code

Telephone #: _____   **Social Security #:** _____

On what date would you be available for work? _____

Are you available for work: ☐ Full-time   ☐ Part-time   ☐ Permanent   ☐ Temporary

Have you ever applied with us before? ☐ Yes ☐ No   **Date(s):** _____

If under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No   **Date(s):** _____

Are you currently employed? ☐ Yes ☐ No   **May we contact your employer?** ☐ Yes ☐ No

Are you currently on "lay-off status" and subject to recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes* ☐ No
Conviction will not necessarily disqualify an applicant from employment.

*If yes, please explain: _____

Signature: _____   **Date:** _____

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude, at your option, organizations which indicate race, color, religion, gender, national origin, handicap, or any other legally protected status.

Employer 1: _____

Address: _____ **Telephone #:** _____

Job Title: _____ **Supervisor:** _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed: From _____ to _____

Hourly Rate/Salary: From _____ to _____

Employer 2: _____

Address: _____ **Telephone #:** _____

Job Title: _____ **Supervisor:** _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed: From _____ to _____

Hourly Rate/Salary: From _____ to _____

Employer 3: _____

Address: _____ **Telephone #:** _____

Job Title: _____ **Supervisor:** _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed: From _____ to _____

Hourly Rate/Salary: From _____ to _____

Any special skills or qualifications?

_____

_____

_____

_____