



15 Bluegrass Drive · Ashland City, TN 37015
PH: 615-269-8969 · FAX: 615-269-3855

Employment Application

Madison Mill provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, veteran status, genetic information, and ancestry, in accordance with applicable federal and state laws. Madison Mill complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including but not limited to, hiring, placement, promotion, discipline, termination, layoff, recall, transfers, leave of absence, compensation, and training.

This application for employment is effective for 1 month. Consideration for employment after 1 month requires a new application.

DATE: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____ APT # _____
(Street)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ SOCIAL SECURITY # _____

Do you have the legal right to be employed in the United States? Yes ___ No ___
(Proof of identity and eligibility will be required within 3 days of employment)

Are you 18 years of age or older? Yes ___ No ___

In the last 10 years, have you pled guilty to, or no contest to, been convicted of, or been imprisoned, on probation or parole for a felony or misdemeanor (excluding minor traffic violations)? Yes ___ No ___
State the offense, location, date, and disposition:

Note: A "Yes" answer will not necessarily disqualify you from employment. Failure to disclose will be considered falsification of your application.

Are there any criminal charges currently pending against you that, if you are convicted or plead guilty or no contest, would change your answer above? Yes ___ No ___

Please Explain:

Date Available: _____

How did you learn about our company? ___ Advertisement ___ Employee ___ Relative
___ Walk-In ___ Other

Name of Source: _____

Have you ever worked for our company before? Yes ___ No ___

If yes, when? _____

Have you ever applied to our company before? Yes ___ No ___

If yes, when? _____

Are there any hours, days, or shifts you are unable or unwilling to work? Yes ___ No ___

If yes, specify:

Are you able and willing to work overtime if necessary? Yes ___ No ___

If not, please specify:

EMPLOYMENT HISTORY

List former employers, starting with last one first.

EMPLOYER	_____	TELEPHONE	_____
ADDRESS	_____	EMPLOYED FROM:	_____ EMPLOYED TO: _____
CITY/ST/ZIP	_____	STARTING WAGE:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
JOB TITLE(S)	_____	ENDING WAGE:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
SUPERVISOR	_____	REASON FOR LEAVING:	_____
MAY WE CONTACT AS A REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
DUTIES:	_____		

EMPLOYER	_____	TELEPHONE	_____
ADDRESS	_____	EMPLOYED FROM:	_____ EMPLOYED TO: _____
CITY/ST/ZIP	_____	STARTING WAGE:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
JOB TITLE(S)	_____	ENDING WAGE:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
SUPERVISOR	_____	REASON FOR LEAVING:	_____
MAY WE CONTACT AS A REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
DUTIES:	_____		

EMPLOYER	_____	TELEPHONE	_____
ADDRESS	_____	EMPLOYED FROM:	_____ EMPLOYED TO: _____
CITY/ST/ZIP	_____	STARTING WAGE:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
JOB TITLE(S)	_____	ENDING WAGE:	\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
SUPERVISOR	_____	REASON FOR LEAVING:	_____
MAY WE CONTACT AS A REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
DUTIES:	_____		

Explain any gaps in work history (DO NOT disclose any disability or health condition): _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

EDUCATION AND SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	GRADE COMPLETED	GRADUATED	SUBJECTS/MAJOR
HIGH SCHOOL DO YOU HAVE A GED?		9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Comp.
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRAD. SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any of the following skills? Please list any not listed:

- Microsoft Programs (Word, Excel, Access, PowerPoint)
- Keyboarding Speed _____ WPM
- Multiple Line Phone
- Billing Software (IDX, Mysis, Meditech)
- Other: _____

Please list any additional skills you feel should be part of your consideration for this position: _____

ABILITY TO PERFORM

Jobs at Madison Mill, Inc. are generally dusty, dirty, hot in the summer, and cold in the winter, and may involve some heavy lifting. Are you, with or without reasonable accommodation (which will be made as appropriate), able to perform these physical duties and under these conditions?

YES NO

REFERENCES

List below the names of three references who you worked with for at least one year that is not related to you. At least one reference (but preferably all) must be your supervisor. It is required that all references be persons that can objectively critique your work skills and performance.

NAME	TITLE	BUSINESS RELATIONSHIP TO APPLICANT	ADDRESS	BUSINESS	TELEPHONE

APPLICANT STATEMENT

I certify that all of the information in this application is true, correct and complete. I have not left out any information requested. I understand that if I am employed, any material information omitted, or any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

By signing below, I am authorizing Madison Mill to conduct a thorough Reference Check which includes prior employment verification, education verification, credential check, social security trace, and criminal background check. (See A/so, Fair Credit Reporting Act Notice and Authorization form)

In the event of employment and subsequent termination by Madison Mill I hereby authorize the release of my dates of employment, position(s) held and compensation data to any future prospective employer(s). I hereby waive my right to bring any cause of action against Madison Mill or any of its employees for defamation, invasion of privacy or any other reason relative to the release of this information.

I agree that if I am employed, I will abide by all the rules and regulations of the company. I understand that no one in the company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the CEO of the Company.

I understand that, if I am employed, my employment will be on an "at will" basis and may be terminated by me or by the company at any time, for any reason or no reason at all, with or without prior notice.

Signature: _____ Date: _____