Employment Application

Please complete the entire application.

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Employer: Mekhi LLC

Address: 8450 NW Prairie View Road STE 1142 City/State/ZIP: Kansas City, Missouri 64153

Telephone: (816) 323-5300

2. Applicant Information

It is the policy of Mekhi LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Home Address:		
City/State/ZIP:		_
Number of years at this address		
Daytime Phone:	Evening Phone:	
Mobile Phone:		
Social Security Number:		
Driver's License (State/Number)·	
Driver's License (State/Number 3. Emergency Contact)	
3. Emergency Contact		
3. Emergency Contact Who should be contacted if you	are involved in an emergency?	
3. Emergency Contact Who should be contacted if you contact Name:	are involved in an emergency?	
3. Emergency Contact Who should be contacted if you a Contact Name: Relationship to you:	are involved in an emergency?	
3. Emergency Contact Who should be contacted if you contact Name: Relationship to you: Address:	are involved in an emergency?	
3. Emergency Contact Who should be contacted if you a Contact Name: Relationship to you: Address: City/State/ZIP:	are involved in an emergency?	
3. Emergency Contact Who should be contacted if you and Contact Name: Relationship to you: Address: City/State/ZIP: Daytime Phone:	are involved in an emergency?	

Do you have any friends or relatives who work here		
7. Have you applied to our company previously?	Yes No	
8. Are you at least 18 years old? Yes	No	
9. Are you willing to work any shift, including night If no, please state any limitations:	ss and weekends? Yes	No
10. If applicable, are you available to work overtime	e? Yes No	
11. If you are offered employment, when would you	be available to begin work?	
12. If hired, are you able to submit proof that you are employment in the United States? Yes		
13. Have you ever been convicted of a felony or mis	sdemeanor?	
Yes, I was convicted of	on	
(date) in (city),	(state)	
No		
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14. Applicant's Skills		
Check those skills that you have. List any other skills seeking. Enter the number of years of experience, ar ability for each particular skill. (One represents poor ability.)	nd circle the number that correspond	onds to your
		Ability
Skill [] Where did you receive your training? [] Years of Experience	Years of Experience	or Rating 1 2 3 4 5 1 2 3 4 5

	2 3 4 2 3 4 2 3 4
15. Applicant Employment History	234
List your current or most recent employment first. Please list all jobs (including self-employ	ment
and military service) that you have held, beginning with the most recent, and list and explain	-
gaps in employment. If additional space is needed, continue on the back page of this appli-	cation
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
16. Applicant's Education and Training	
College/University Name and Address	
Did you receive a degree? Yes No If yes, degree(s) received:	
High School/GED Name and Address	
Did you receive a degree? Yes No	

Other Training (graduate, technical, vocational):
Please indicate any current professional licenses or certifications that you hold:
Awards, Honors, Special Achievements:
Military Service:
Yes No
Branch:
Specialized Training:
17. References
List any two non-relatives who would be willing to provide a reference for you.
Name:
Address:
City/State/ZIP:
Telephone:
Relationship:
Name:
Address:
City/State/ZIP:
Telephone:
Relationship:
18. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Mekhi LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Mekhi LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	E CERTIFICATION, AND I UNDERSTAND
Applicant Signature	 Date