

MiCa Enterprises, LLC P.O. Box 131 • Carthage, TX 75633

P.O. Box 131 • Carthage, 1X 75633 Office: 903-935-6422 Fax: 903-935-6426

APPLICATION FOR EMPLOYMENT

		DATE				
NameLast		First Middle			Maiden	
				industrial and the second seco		
resent address	Number	Street	City State	Zip		
How long		Social Security No				
Telephone						
f under 18, please list	age					
			Days/hours avail No Pref			
and salary desired (2)	-		Mon	_ Fri		
(Be specific)			Tue Wed	_ Sat Sun		
			0	iahta?		
How many hours can	you work weekly?		_ Can you work ni	ignis?		
	you work weekly? FULL-TIME ONLY					
Employment desired	FULL-TIME ONLY	PART-TIME				
Employment desired		PART-TIME				
Employment desired	FULL-TIME ONLY	PART-TIME				
Employment desired	FULL-TIME ONLY	PART-TIME	ONLY FUL			
Employment desired When available for wo	FULL-TIME ONLY	LOCATION (Complete mailing	ONLY FUL	LL-OR PART-TIN	MAJOR &	
Employment desired When available for wo TYPE OF SCHOOL High School	FULL-TIME ONLY	LOCATION (Complete mailing	ONLY FUL	LL-OR PART-TIN	MAJOR &	
Employment desired When available for wo TYPE OF SCHOOL High School College	FULL-TIME ONLY	LOCATION (Complete mailing	ONLY FUL	LL-OR PART-TIN	MAJOR &	
Employment desired When available for wo TYPE OF SCHOOL	FULL-TIME ONLY	LOCATION (Complete mailing	ONLY FUL	LL-OR PART-TIN	MAJOR &	
Employment desired When available for wo TYPE OF SCHOOL High School College	FULL-TIME ONLY	LOCATION (Complete mailing	ONLY FUL	LL-OR PART-TIN	MAJOR &	

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

		*			
DO YOU HAVE A DRIVER'S LICENSE?Y	es No				
What is your means of transportation to work?					
Driver's license					
number State	e of issue Ope	erator Commercial (CDL)Chauffeur			
Expiration date					
Have you had any accidents during the past three y		How many ?			
Have you had any moving violations during the pas	t three years?	How many?			
	OFFICE ONLY				
Yes	Yes	WordYes			
Typing NoWPM	10-key No	ProcessingNoWPM			
PersonalYesPC	Other				
Computer No Mac	Skills	_			
Please list two references other than relatives or pr	evious employers.				
Name	Name				
Position	Position				
Company	Company				
Address	Address				
Telephone	Telephone				
An application form sometimes makes it difficult fo below to summarize any additional information ned are applying.					
EMERGENCY CONTACTS					
Name	_ Relationship	Phone number			
Name	_ Relationship	Phone number			

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION	FOR EMPLOYMENT			
N	ILITARY			
, et "				
HAVE YOU EVER BEEN IN THE ARMED FORCES?	_YesNo			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes No			
SpecialityDat	e Served	Discharge Date		
Work Please list your work experience for the past Experience If you were self-employed, give firm names	st five years beginning with Attach additional sheets if	your most recent job he necessary.	eld.	
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code		From	Start	
Phone Number		То	Final	
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, a	dvancements or promotions	s while you worked at th	is company.	
p.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone Number		From	Start	
Frione Number		То	Final	
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, a	dvancements or promotions	s while you worked at th	is company.	

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm names. Attach additional sheets if necessary.				
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone Number				From	Start
r none number				То	Final
			Your last job title		
Reason for leaving (b	pe specific)				
List the jobs you held	l, duties performed, skills	used or learned, advan	cements or promotions	s while you worked at th	iis company.
			_		_
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone Number				From	Start
				То	Final
			Your last job title		
Reason for leaving (k	pe specific)				
List the jobs you held	l, duties performed, skills	used or learned, advan	cements or promotion:	s while you worked at th	nis company.
May we contact your	present empoyer?	YesNo			
Did you complete this	s application yourself?	Yes No			
If not, who did?					