

APPLICATION FOR EMPLOYMENT

Midwestern Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Home Phone: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

Have you ever worked for Midwestern Services, Inc.? Yes No

How were you referred to Midwestern Services, Inc.? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail in the below and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Midwestern Services, Inc. is at-will, meaning that I or Midwestern Services, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Midwestern Services, Inc. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals,

schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Midwestern Services, Inc. requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 365 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____



8501 S. Loop East
Houston, TX 77017
Phone: 713-923-8691
Fax: 713-923-8694

Authorization for Investigative Background Information

I authorize Midwestern Services, Inc and its agents to investigate, now and during my employment, my past employment, education, and activities, and to request and receive any information concerning me, including but not limited to, criminal history, and public records from any persons, entities, schools, companies, corporations, partnerships, associations, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

I further release, discharge, and hold harmless Midwestern Services, Inc., its agents, any persons, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications.

I agree that if any investigation at any time reveals that I provided false information to, or omitted information from Midwestern Services, Inc., then disciplinary action may occur including termination of my consulting assignment and/or employment with Midwestern Services, Inc., without liability.

Last Name	First Name	Middle Name	Maiden Name
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Street Address	City	State	Zip
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Social Security Number	Drivers License Number - State
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Signature	Date	Date of Birth (mon/day/yr.)
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Midwestern Services, Inc.
Pre-Employment Drug and Alcohol Test History

Employee Name

Social Security Number

Date

Title

Department of Transportation regulations in Section 40.25 (49 CFR Part 40) requires us to ask the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you had a DOT controlled substance pre-employment test that was verified positive in the last two years from an employer that did not hire you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a DOT alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years from an employer that did not hire you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever refused to take a DOT pre-employment controlled substance test in the last two years from an employer that did not hire you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever refused to take a DOT pre-employment alcohol test in the last two years from an employer that did not hire you? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby affirm that the above information provided on this Pre-Employment Drug and Alcohol Test History form true and accurate to the best of my knowledge. I understand that any false or misleading information that I have written can lead to immediate discharge. I understand that if I answered yes to any of the above questions, I can not be placed in a safety-sensitive position.

Employee's Signature

Date

Witness

Date



Applicant Authorization to Release DOT Drug /Alcohol Test Results

(Background Check Form as required by 49 CFR Part 40.25)

I, _____, as the Applicant, understand that as a condition of hire with Midwestern Services, Inc., I must consent to the release of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years.

Below, I have listed all of the employers for which I have worked or pre-employment tested during the past 2 years. I hereby authorize my previous employers to furnish to Midwestern Services, Inc. the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information identified by the check boxes. In signing below, I certify that all of the information I have furnished on this form is true and complete and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous 2 years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past 2 years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Signature of Applicant

Social Security Number

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25, the company, named above, is required to obtain and as a previous employer, you are required to release DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers concerning any period of employment of the applicant by you going back 2 years from this date of this request. Please complete the following:

YES* NO

- ___ 1. Any DOT alcohol test results of 0.04 or greater?
- ___ 2. Any DOT positive drug test results?
- ___ 3. Refusal to submit to a DOT required drug/alcohol test? (incl. adulterated or substituted specimens)
- ___ 4. Other violations of DOT drug and alcohol testing regulations?
- ___ 5. If "yes" for any of the above items, did the employee complete the return-to-duty process?
- 6. Check this box if your company and/or the applicant was not subject to DOT regulations.

Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

FAX COMPLETED FORM TO: Midwestern Services, Inc.

Fax # (713) 923-8694

**AUTHORIZATION FOR RELEASE OF
PREVIOUS EMPLOYMENT INFORMATION**

Applicant's Name: _____

Applicant's Social Security # _____

Position Applied For: _____

Name of Former Employer: _____

Date: _____

VERIFY:

1. Starting and ending dates of employment

2. Starting and ending salary

3. Title of last position held with the company

4. Reason for leaving the company

5. If I name the position description that the applicant included on his/her resume, could you confirm whether the job title and description match your understanding of the position he held when he/she was employed by your company?

6. Is the applicant eligible for rehire with your company?

7. Is there anything else you can tell me about the applicant's employment with your company?

I, _____, authorize Midwestern Services, Inc. to confirm information relating to my employment with the above company to properly verify my employment history.

Applicant's Signature

Date



8501 S. Loop East
Houston, TX 77017
Phone: 713-923-8691
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Dear Job Applicant:

Given the nature and responsibilities associated with the position for which you are applying, it is necessary for us to make a background check of your credit history and certain other pertinent information. We will be engaging Argus Search Inc. to conduct the investigation. Its address is 18303 E Corbin Place, Spokane Valley, WA 99016.

Should you desire, more information on the nature and scope of this investigation will be made available to you as well as contact information for the Argus Search Inc. upon your request.

During the application process and at anytime during employment, I hereby authorize a credit check to be performed by Midwestern Services, Inc. to include the procurement of a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers, and educational institutions, governmental occupational licensing entities, business or personal references, and any other source considered necessary at Midwestern Services, Inc.'s sole discretion to verify information that I have voluntarily supplied.

Please sign below to indicate that you have been made aware of this investigation and that further information has been offered you.

Last Name	First Name	Middle Name	Maiden Name
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Street Address	City	State	Zip
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Social Security Number	Drivers License Number - State
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Signature	Date	Date of Birth (mon/day/yr.)
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Midwestern Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, or any other characteristic protected by law. The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency".