

# Application for Employment



This application is valid for a period of 60 days. Any applicant wanting further consideration must reapply.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

This application is being submitted to Mid America Computer Corporation (MACC) which represents: Mid America Computer Corporation and EnSite, Inc. Any reference to MACC in this application shall also apply to EnSite, Inc.

Position(s) Applied For (Be Specific) \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source:  Blair Paper  Employee  Burt County Paper  
 Careerlink  Relative  MACC Website  
 Walk-In  Other (List Source) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone #: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Best time to call you: \_\_\_\_\_ Date available for work: \_\_\_\_\_

May we contact you at work?  Yes  No If yes, list work number: \_\_\_\_\_

Have you applied here before?  Yes  No

Have you ever been employed by MACC or EnSite?  Yes  No

If yes, indicate company: \_\_\_\_\_ and dates worked: \_\_\_\_\_

Do you have any relatives working for MACC or EnSite?  Yes  No

If yes, list their name and company for which they work: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  
 College Intern  Coop Student

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

Have you been convicted of a felony in the last seven (7) years?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Such conviction may be relevant if job related, but does not bar you from employment.

# Proof of Citizenship

If hired, could you provide proof of citizenship or work authorization?

Yes

No

NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

## Employment History

List your last four (4) employers or assignments, starting with the most recent, including relevant military experience. If listing volunteer activity, please exclude information which would reveal gender, race, religion, national origin, age, color, disability, or other protected status.

Employer	Telephone ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	
Employer	Telephone ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	
Employer	Telephone ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	
Employer	Telephone ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	

# Educational Background

High School/GED \_\_\_\_\_ Circle highest grade complet  9  10  11  12 Graduated?  Yes  No

Secondary Education \_\_\_\_\_  13  14  15  16 Degree: \_\_\_\_\_ Major \_\_\_\_\_

Graduate School \_\_\_\_\_ Other relevant education or training: \_\_\_\_\_

## References List three (3) persons we can contact who are able to evaluate your job related knowledge, skills & abilities.

Name	Telephone	Years Known
	(    )	
	(    )	
	(    )	

Category	Yrs. Exp	Yrs. Exp	Yrs. Exp
Desktop Software		Desktop Publishing	SmartBear
		WordPress	Microsoft Access
		Adobe Creative Suite	Microsoft Excel
		Crystal Reports	Microsoft FrontPage
Hardware		Fax Server	Network Switches
		Firewalls	Routers
		Installation & Setup	PC Repair/Upgrade
Networking		Active Directory	Layer2 (STP-VLAN)
		Cabling (Network Wiring)	TCP / IP
		LAN Server	Windows 2008 and up
Platform		Linux	OS/2
		MacIntosh	Windows
Programming		Ecrion	C#
		COBOL	Visual Basic
		Delphi	Visual C++
		ASP/ASP.NET	Java / Javascript / JQuery
		HTML / CSS	Model View Controller (MVC)
Database		Microsoft Access	SQL Server
		Oracle	SQL 2008 and up
		Paradox	

## Certifications, Skills, Training, Accomplishments

List all current certifications, licences, etc.

Describe your qualifications and skills for the work desired including types of equipment or machinery you can operate. Also list special accomplishments publications, and awards (Exclude information which would reveal gender, race, religion, national origin, age, color, disability or other protected status.)

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# Personal Driving Record

This section is to be completed **ONLY** if the operation of a motor vehicle will be required in the course of the applicant's employment.

Have a valid driver's license?	Driver's license number:	Expiration date:	Issuing state:
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List any other state(s) in which you have had a driver's license(s) in the past:

## Within the past five years...

have you been involved in a vehicle accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
have you been convicted of reckless or drunken driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date(s):
have you been cited for moving violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date(s):
have you had your driver's license revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
have you had your driver's license restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:

I certify that the information contained in this application is true and complete and I understand, that if employed, false statements on this application shall be grounds for dismissal.

I voluntarily give MACC the right to investigate my employment, education and personal history and agree to cooperate in an investigation, and release all parties from all liability for any damage that results from furnishing such information to MACC.

MACC is an Equal Opportunity Employer. MACC does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from MACC and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, MACC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of MACC has the authority to make any assurances to the contrary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## For Human Resources Department Use Only

Hired \_\_\_\_\_  Yes  No Date of Hire \_\_\_\_\_

Hired Position \_\_\_\_\_

Rate of pay \$ \_\_\_\_\_ Hr./Mo. Pay Grade \_\_\_\_\_ Review Date Schedule  6 Month  Annual

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

- EEO classification:
- |                           |                            |                              |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales                   | 7. Operatives (semi-skilled) |
| 2. Professionals          | 5. Office and Clerical     | 8. Laborers                  |
| 3. Technicians            | 6. Craft Workers (skilled) | 9. Service Workers           |

Completed By \_\_\_\_\_ Date \_\_\_\_\_

# Voluntary Affirmative Action Information

It is the policy of Mid America Computer Corporation and all its affiliated companies to provide equal employment opportunities to all qualified applicants and employees regardless of race, religion, color, sex, age, national origin, marital status, disability, special disabled veterans or Vietnam era veteran status. Your completion of the information below is entirely voluntary. This information is requested solely to enable the company to meet recordkeeping and affirmative action requirements under Executive Order 11246, as amended, Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act. The information will be kept in strictest confidence. Return this form to Human Resources. This information will not become part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: (Check One)  Male  Female

## Race/Ethnic Group (Check one)

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin regardless of race.
- White** (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North America.
- Black or African American** (not hispanic or Latino): A person having origins on any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (Including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

**Special Disabled Veteran:** Yes  No

A person entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

**Veteran of the Vietnam Era:** Yes  No

A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

**Disabled Individual:** Yes  No

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.