

NOTES

I hereby certify that all statements made in this application for employment are true and correct to the best of my knowledge and belief.

Signature

Date

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer • An At Will Employer

(Please Print Clearly)**PERSONAL INFORMATION**

Last Name, First Name, Middle Initial	Social Security Number — — —	Today's Date	
Present Address (Include city, state and zip code)			
E-mail Address			
Telephone Number		Cellular Phone Number	Date you can begin to represent MARC?
Income expected	Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	What language(s) do you read, speak or write fluently?
Have you ever worked for or represented MARC before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Names of individuals with this company with whom you are acquainted.			
Have you ever been convicted of a crime? If yes, please use the following lines to explain.			

EDUCATION	Name of School & Location	Did you graduate?	Title of Degree or Certificate	Courses specialized in
High School				
College, Univ. or Other				

SALES RELATED SKILLS

Please list any skills you possess which are relevant.

Please list any professional or trade groups or other organizations to which you belong that you consider relevant to your ability to perform this position?

Are you able to lift packages up to 50 lbs?



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SECTION A: WORK HISTORY-

List below information about your work history beginning with the most recent.

1	A. Company Name B. Location of Your Territory	Address (City and State)	Immediate Supervisor and Phone Number	May we Contact*	Type of Business	Position(s) you held and your specific duties. What did you sell and who did you sell to?*	Reason for Leaving*	Overnights Out-of-Town per Month	Period Worked		Amount of Earnings	
									From	To	Start	End
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No					/	/	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission
B.									Month/Year	Month/Year		
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No					/	/	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission
B.									Month/Year	Month/Year		
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No					/	/	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission
B.									Month/Year	Month/Year		
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No					/	/	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission
B.									Month/Year	Month/Year		
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No					/	/	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission	\$ _____ Month <input type="checkbox"/> Salary <input type="checkbox"/> Commission
B.									Month/Year	Month/Year		
Which job did you like the best? Why?*						Which job did you like the least? Why?*						

SECTION B: TRANSPORTATION -

Driving is an essential function of a MARC Independent Sales Representative.
Please complete the following.

Driver's License Number State Expiration Date Do you drive a reliable vehicle? Does your automobile include Bodily Injury Liability Insurance?

SECTION C: TRAVEL/RELOCATION

Would you be willing to Yes
relocate if necessary?* No Travel is an important part of the sales position. Yes
Would you be willing to travel as needed?* No This sales position requires irregular hours occasionally. Would Yes
you be able and willing to work irregular hours as necessary?* No

SECTION D: GENERAL INFORMATION

Are you an owner or part-owner in any business activity that
could be considered a conflict of interest? Yes No

If "Yes", please explain on the following lines.

Please list your hobbies and interests.

SECTION E: MILITARY

Did you serve in the U.S. Armed Forces? If "Yes", in what Branch did you serve?
 Yes No

If "Yes", are you currently active?
 Yes No

Describe any training received relevant to the position for which you are applying.

SECTION F: REFERENCES -

Please provide the names of four persons who are not from previous companies you have worked for or relatives.

1 Name	Occupation	2 Name	Occupation	3 Name	Occupation	4 Name	Occupation
1 Address	Phone Number	2 Address	Phone Number	3 Address	Phone Number	4 Address	Phone Number