



5021 Nimitz Parkway • South Bend, IN • 46628

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EMPLOYMENT APPLICATION

MGE is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

Name (Last)	Name (First, MI)	Home Phone
		Cell Phone
Present Address	City	State, Zip
Email Address		

Are you legally authorized to work in the U.S.? Yes ____ No ____

If referred by a current employee, please list name: _____

Are you over the age of eighteen? ____ (you must be at least eighteen years of age to work at MGE Wholesale)

EMPLOYMENT DESIRED

Desired Position	Desired Salary	Desired Hours (FT, PT, etc.)
Date Available to Start	Are You Employed Now? (Y/N)	Current Employer

EDUCATION HISTORY

	Name of School	City, State	Graduate? (Y/N)
High School			
College			
Trade, Business			

List any classes or education not listed above which may help qualify you for the position for which you are applying:

EMPLOYMENT HISTORY (List below present and past employers, starting with your most recent. You must complete even if attaching resume)

Dates: Month/Year	Employer Name & Phone	Position	Supervisor	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
List any skills or qualifications which may be beneficial in the job for which you are applying:				

REFERENCES (List below the names of 3 persons, not related to you, whom you have known at least one year)

Name	Phone	Business	Years Known

AUTHORIZATION

I certify that the information contained in this application is true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references and employers listed above, as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

If offered a position, I understand that I may be asked to consent to a urine drug test. I further understand that failure to consent to this drug test will be considered as a withdrawal of my application for employment.

Signature: _____ Date: _____