



# Employment Application

An Equal Opportunity Employer

Heartland Midwest, LLC  
15795 S. Mahaffie Street, Suite 100  
Olathe, KS 66062  
(913) 397-9911

Date: \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit # City State Zip*

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Have you ever applied to Heartland Midwest before?  Yes  No If yes, when? \_\_\_\_\_

## Employment Desired

Date you can start: \_\_\_\_\_ Hourly Rate/Salary Desired: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Referred by: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

## General Information

Skills & Qualifications (Skills, Training, Licenses, Awards) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Employment History

Please list most recent employment first.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Disclaimer and Signature

### Please read carefully before signing.

Heartland Midwest is an equal opportunity employer. Heartland Midwest does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

*I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Heartland Midwest to hire me. If I am hired, I understand that either Heartland Midwest or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Heartland Midwest has the authority to make any assurance to the contrary.*

*I attest with my signature below that I have given to Heartland Midwest true and complete information on this application. No requested information has been concealed. I authorize Heartland Midwest to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed: \_\_\_\_\_ Date: \_\_\_\_\_

## For Heartland Midwest Use


# Heartland Midwest LLC

## EEO Self-Identification Form

Heartland Midwest is an equal opportunity employer. Certain laws and regulations regarding equal employment opportunity require us to compile annual statistical reports. In order to comply with these laws and regulations, we are requesting your cooperation in completing this EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity record-keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. This form will be kept separate from your Applicant File and your Personnel File, as required by law.

<b>EMPLOYEE NAME:</b>	
<b>POSITION APPLIED FOR:</b>	
<b>Question 1. Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Question 2. Are you Hispanic or Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Question 3.</b> Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.	
RACIAL CATEGORY (check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	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.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I do not wish to self-identify. (Check this box if you do not wish to provide the information above.)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_