



NAME: _____

Last

First & Middle

Called by

ADDRESS: _____

Street

City

State & Zip

DATE OF BIRTH _____ SS # _____

A contact telephone number _____

home

cell

Last Employer: _____ Person who has _____

Name and Phone #

known you at least 5 yrs

Name and Phone #

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, and/or criminal history. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Mid-State Ventures, LLC. I understand and agree that if employed, the employment will be "at will". That is, either Mid-State Ventures or I may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Mid-State Ventures does not imply employment and that this application and/or any other documents are not contracts of employment.

APPLICANT'S SIGNATURE (Application without signature is void)

DATE SIGNED