

Midstate Collections Solutions, Inc. Application For Employment

We are an Equal Opportunity Employer
and committed to excellence through
diversity.

Please print or type. The application
must be fully completed for
consideration. Please complete each
section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary		

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Please continue to page 3 to sign the Employment Application Disclaimer and Acknowledgment

Employment Application Disclaimer and Acknowledgment

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal.

I understand and agree that all information furnished in this application may be verified by Insurance Providers Group or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any information to Insurance Providers Group. I hereby authorize all individuals and organizations named or referred to in this application to give Insurance Providers Group all information relative to such verification and hereby release such individuals, organizations and Insurance Providers Group from any and all liability for any claim or damage resulting therefrom.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance the Immigration Reform and Control Act of 1986.

I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of Insurance Providers Group as stated in the employee handbook. I further understand that Insurance Providers Group's policies and procedures are subject to change without notice.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Name (Printed)

Date

Signature