

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department



Positions(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Private Employment Agency
 Government Employment Agency Walk-in Name of Source (if applicable) _____

Name _____
FULL LEGAL NAME: LAST FIRST MIDDLE ALIAS / MAIDEN NAMES

Address _____
STREET CITY STATE ZIP

Telephone # (____) _____ Cell Phone/Other Phone # (____) _____

Email address _____ Date available for work ____ / ____ / ____

May we contact you at work? Yes No If yes, work number and best time to call (____) _____ : _____ AM / PM

If under 18 and required, can you furnish a work permit? Yes No If no, please explain _____

Have you submitted an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No

Type of employment desired Full-time Part-time Temporary Seasonal Educational Co-op

Will you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No If no, explain _____

Will you work overtime if required? Yes No If no, explain _____

Have you been convicted of - or pled guilty to a crime (misdemeanor or felony) in the last seven (7) years? Yes No

THE ANSWER YES TO CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's License # or (if you have no Driver's license) State ID # _____ State _____

Educational Background - A. List schools attended, starting with most recent -Include city and state **B.** Indicate receipt of degree or diploma **C.** Indicate year** of degree, GED, or completion (**not required until post offer). **D.** For each school indicate GED, diploma, or major

A. SCHOOL - School name, City, State	B. DEGREE OR GED or DIPLOMA	C. YEAR **	D. GED / DIPLOMA / MAJOR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

References - List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME - First and Last Name	TYPE OF REFERENCE BUSINESS or PERSONAL	TELEPHONE (xxx) xxx-xxxx ext. xxx	# of YEARS KNOWN

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Additional Information - List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS

ORGANIZATION	OFFICE HELD	ORGANIZATION	OFFICE HELD

List special accomplishments, publications, awards, etc. EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARLY PROTECTED STATUS

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	CITY STATE	FROM MO YEAR	TO MO YEAR	
YOUR JOB TITLE	YOUR IMMEDIATE SUPERVISOR AND TITLE	PAY RATE/SALARY		
WHY DID YOU LEAVE THIS JOB?	MAY WE CONTACT FOR REFERENCE? YES NO LATER	Starting	Ending	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	CITY STATE	FROM MO YEAR	TO MO YEAR	
YOUR JOB TITLE	YOUR IMMEDIATE SUPERVISOR AND TITLE	HOURLY RATE/SALARY		
WHY DID YOU LEAVE THIS JOB?	MAY WE CONTACT FOR REFERENCE? YES NO LATER	Starting	Ending	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	CITY STATE	FROM MO YEAR	TO MO YEAR	
YOUR JOB TITLE	YOUR IMMEDIATE SUPERVISOR AND TITLE	HOURLY RATE/SALARY		
WHY DID YOU LEAVE THIS JOB?	MAY WE CONTACT FOR REFERENCE? YES NO LATER	Starting	Ending	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	CITY STATE	FROM MO YEAR	TO MO YEAR	
YOUR JOB TITLE	YOUR IMMEDIATE SUPERVISOR AND TITLE	HOURLY RATE/SALARY		
WHY DID YOU LEAVE THIS JOB?	MAY WE CONTACT FOR REFERENCE? YES NO LATER	Starting	Ending	

Comments - Including explanation of any gaps in employment

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq, the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby permit McElroy Manufacturing, and/or their subsidiaries, affiliates, employees, or agents to make inquiry into any information from entities and individuals both present and former, which may include: motor vehicle records, employer, academic or professional credentials, credit bureaus, workers compensation records, court or police records and criminal investigation bureaus that may possess information concerning me or that may be a custodian of records relating to me. Procurement of said information and other required may be requested at any time during employment. I hereby fully release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization from any claims or liability resulting in or from the release of said data. I agree that a copy of this authorization has the same effect as an original.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

McElroy Manufacturing, Inc. is proud to be a drug-free work place. Screening tests for illegal drug use are required as a condition of employment.

I understand that if I am offered employment I will be required to pass a post-job-offer medical examination that is based on the job description of the position I have been offered.

I understand that this application will be considered for the current position only, and to be considered for any future positions, I will need to fill out a new application.

I affirm that I have a genuine intent and no other purposes on applying for a job with McElroy Manufacturing, Inc.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date / /