



McAdams Graphics Inc.

Application for Employment

McAdams Graphics is an Equal Opportunity Employer & supports a drug free workplace

(PLEASE PRINT CLEARLY)

PERSONAL:

Date: _____

Name _____ Social Security #: _____
Last First Middle

Street Address _____

City, State, Zip _____

Telephone Number (_____) _____ Are you 18 years or older? Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Have you been counseled or disciplined for being late or absent from work or school in the last 3 years? Yes No
If yes, please explain _____

Have you been convicted of a felony or misdemeanor in the last five years? Yes No
If yes, please complete the following. . .

Charge _____ Presiding Court _____

Date _____ Disposition of Case _____

(Note: A conviction record does not constitute an automatic bar from employment and will be considered only as it relates to the job in question.)

EMPLOYMENT DESIRED:

Position(s) Desired _____

Date You Can Start _____ Desired Salary Range _____

Are you applying for. . . full-time employment or part-time employment?

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever applied to our company before? Yes No If so, when? _____

How did you learn about our company? _____

EDUCATION:

	NAME & LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
BUSINESS/ TRADE/ TECHNICAL				
COLLEGE				
GRADUATE				

EMPLOYMENT HISTORY:

THIS SECTION MUST BE COMPLETED: Although supporting documents such as resumes, letters of recommendations, performance evaluations, etc may be attached, they are not a substitute for completing this section.

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer and work backwards.

1

Company Name _____

Telephone (____) _____

Address _____

Dates Employed:
from _____ to _____

List Supervisor's Name, Department & Shift Worked

Hourly Rate/Salary
starting _____ final _____

State Job Title and Describe Your Work _____

Reason for Leaving _____

2

Company Name _____

Telephone (____) _____

Address _____

Dates Employed:
from _____ to _____

List Supervisor's Name, Department & Shift Worked

Hourly Rate/Salary
starting _____ final _____

State Job Title and Describe Your Work _____

Reason for Leaving _____

3

Company Name _____

Telephone (____) _____

Address _____

Dates Employed:
from _____ to _____

List Supervisor's Name, Department & Shift Worked

Hourly Rate/Salary
starting _____ final _____

State Job Title and Describe Your Work _____

Reason for Leaving _____

4

Company Name _____

Telephone (____) _____

Address _____

Dates Employed:
from _____ to _____

List Supervisor's Name, Department & Shift Worked

Hourly Rate/Salary
starting _____ final _____

State Job Title and Describe Your Work _____

Reason for Leaving _____

May we contact the employers/supervisors you have listed above in order to verify the information given?

Yes No Please Sign _____ Date _____

MILITARY:

Did you serve in the U.S. Armed Forces? Yes No If Yes, What Branch? _____

Describe any training received relevant to the position for which you are applying. _____

GENERAL:

Describe any specialized training, apprenticeship and/or skills. . . _____

List any extra-curricular activities or areas of interest (civic, athletic, hobbies, etc). . .
(You may exclude anything which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize McAdams Graphics to request and obtain records to determine accuracy of all my responses contained in this application for employment.

I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if employed, my employment may be terminated at any time.

I understand that if tentatively selected for a position here at McAdams Graphics, I will be required to submit to testing to screen for alcohol & illegal drug use prior to employment.

In consideration of my employment, I understand that I am required to abide by all rules, regulations and policies of the employer. I also understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

Signature of Applicant

Date