

APPLICATION FOR EMPLOYMENT

McAirlaid's



AN EQUAL OPPORTUNITY EMPLOYER

P E R S O N A L	Last Name		First	Middle Int.	Date
	Street Address				Home Phone ()-
	City, State, Zip				Business Phone ()-
	Have you ever worked for this company? ___ Yes ___ No		If yes, list month & year _____		Pay Expected

	Are you available for full-time work? ___ Yes ___ No		What shifts are you willing to work? ___ 1 st ___ 2 nd ___ 3 rd		Will you work overtime? ___ Yes ___ No
	Are you legally eligible for employment in the U.S.? ___ Yes ___ No		Have you ever been convicted of a felony? ___ Yes ___ No		When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)				
	Position desired				
	Are you 18 years or older? ___ Yes ___ No		If under 18, can you after employment, submit a work permit? ___ Yes ___ No		
How did you learn of our organization?					
Names of Friends or Relatives working for our Company:					

IN CASE OF EMERGENCY, NOTIFY: _____

E D U C A T I O N	NAME		ADDRESS		PHONE NO.	
	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
	College				___ Yes ___ No	
	High				___ Yes ___ No	
	Elementary				___ Yes ___ No	
	Other				___ Yes ___ No	

EMPLOYMENT

Please give accurate, complete full-time & part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month & Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month & Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month & Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer's Number(s) _____ Reason _____

S I G N A T U R E	Please Read the Following Carefully Before Signing this Application Form:	
	I authorize investigation of all statement contained in this application if I am considered for employment. I also authorize previous employers named, or any other person or persons whom McAirleid's may refer, to give any and all information regarding my employment or scholastic standing together with any other pertinent information.	
	I understand that misrepresentation or omission of the facts requested, the receipt of unsatisfactory references, or failure to pass the prescribed drug test will result in my dismissal from the company's service if I have been employed. I further understand that, if I am employed, my employment will be on a probationary basis for a specified period of time. In addition to any other reason or reasons, during the probationary period, I may be discharged for my inability to adapt myself to the requirements and duties of my employment. I understand the employment, probationary or regular with McAirleid's, is at will and is not for any fixed term and may be terminated by me or the company, with or without cause or notice.	
	I further agree to be governed and to abide by Company rules and practices.	
_____	_____	Date
_____	_____	Signature