

Employment Application

PERSONAL INFORMATION			
First Name	Last Name	Middle Initial	
Street Address		Today's Date	
City	State	Zip	
Phone Number	Position Desired	Salary Expected	
Referred By	How did you hear about us?		
BACKGROUND INFORMATION		Yes	No
Have you ever worked for McAirlaid's?			
Are you legally eligible for employment in the United States?			
Are you available for Full-Time employment?			
Can you work rotating shifts?			
Are you available for overtime?			
Have you ever been convicted of a felony?			
EDUCATION List any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational, technical programs or military training.			
School Name	Degree / Course of Study	School Address (City, State)	
WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. Include both paid and unpaid positions.			
Job Title	Start Date (Month/Year)	End Date (Month/Year)	
Company Name	Supervisor Name	Phone Number	
City	State	Zip	
Duties			
Reason for Leaving			
<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Duties		
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<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Company Name	Supervisor Name	Phone Number
City	State	Zip
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Reason for Leaving		
<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please read the following carefully before signing this application.		

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 McAirlaid's, Inc. 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 McAirlaid's, Inc. 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