



# APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT AND FILL IN ALL BLANKS COMPLETELY. Even if you are attaching your resume and/or cover letter, please AVOID USING THE WORDS "SEE RESUME" TO FILL IN A BLANK. All questions must be answered, unless otherwise indicated, in order to receive the fullest consideration for any and all positions that may be available now or in the future. Thank you.

Date of Application: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Who, if any one, referred you? (include names of agencies who may have referred you): \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Social Security Number: \_\_\_\_\_

Your Telephone Number(s): Home: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Your Address: \_\_\_\_\_ How long there (Yrs./Months)? \_\_\_\_\_  
(Number) (Street Name) (City) (State) (Zip Code)

(if you have lived at the above address for less than five years, please give your previous address(es) below to account for the past five years of your residences) :

\_\_\_\_\_ How long there (Yrs./Months)? \_\_\_\_\_

\_\_\_\_\_ How long there (Yrs./Months)? \_\_\_\_\_

Your Email Address, if any: \_\_\_\_\_

### Driver's License Information:

(OPTIONAL: How long have you had a driver's license? \_\_\_\_\_ YRS)

Current License Information: Issuing State \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ How long current license held? \_\_\_\_\_ yrs.

List all other States you have had driver's licenses in over the past 10 years: \_\_\_\_\_

LIST PREVIOUS TRAFFIC, PARKING AND MOVING VIOLATIONS OVER THE PAST TEN YEARS, IF ANY, INCLUDING APPROXIMATE DATE (S) OR YEAR(S) THESE OCCURRED:

Will you travel if job requires it? \_\_\_\_\_ YES \_\_\_\_\_ NO

### Additional Information:

Have you ever been convicted of a felony ? \_\_\_\_\_ YES \_\_\_\_\_ NO (Conviction will not necessarily disqualify you)

IF YES, please explain: \_\_\_\_\_

Have you ever applied for employment with any McGee Cadd facility in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO (When? \_\_\_\_\_ Where? \_\_\_\_\_)

Are you employed now? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ YES \_\_\_\_\_ NO

[Proof of citizenship or immigration status will be required upon employment via Federal Form I-9)

Comment on any of your medical conditions that we should be made aware of which may prohibit certain activities:

Are you on lay-off status and/or subject to recall? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you available to work (check all that apply) \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

On what date would you be available to start work if offered employment by McGee Cadd? \_\_\_\_\_

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# EMPLOYMENT EXPERIENCE

Start with your present or your last job. Provide at least 10 years of work history, if possible. **Please fill out all blanks, even if you are attaching a resume or cover letter.** Do not use "See Resume". If you need additional space, please continue on Pg. 3 where indicated referencing which Employer/Position you wish to further detail. Similarly, if you held more than one title while employed by any of your former Employers mentioned below, please indicate all titles you held with dates you held each title on Pg. 3 where indicated also.

1 **Company Name:** \_\_\_\_\_ **Company Address:** \_\_\_\_\_  
**YOUR SUPERVISOR'S NAME:** \_\_\_\_\_ Street Number and Street Name  
**His/Her Title:** \_\_\_\_\_  
**His/Her Telephone Number & Ext.** \_\_\_\_\_ City State Zip Code

<b>Your Most Recent Job Title:</b>	<b>Begin Date:</b> <b>End Date:</b>	<b>Reason for leaving:</b>	<b>Beginning Salary/Wage:</b> \$ _____ per _____ <b>Ending Salary/Wage:</b> \$ _____ per _____ <b>Hours You Worked per Week:</b> _____
Your <b>Primary Duties</b> and skills used & developed while you held this position. <b>Please indicate the number of people you supervised, if any.</b>			

2 **Company Name:** \_\_\_\_\_ **Company Address:** \_\_\_\_\_  
**YOUR SUPERVISOR'S NAME:** \_\_\_\_\_ Street Number and Street Name  
**His/Her Title:** \_\_\_\_\_  
**His/Her Telephone Number & Ext.** \_\_\_\_\_ City State Zip Code

<b>Your Most Recent Job Title:</b>	<b>Begin Date:</b> <b>End Date:</b>	<b>Reason for leaving:</b>	<b>Beginning Salary/Wage:</b> \$ _____ per _____ <b>Ending Salary/Wage:</b> \$ _____ per _____ <b>Hours You Worked per Week:</b> _____
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**YOUR SUPERVISOR'S NAME:** \_\_\_\_\_ Street Number and Street Name  
**His/Her Title:** \_\_\_\_\_  
**His/Her Telephone Number & Ext.** \_\_\_\_\_ City State Zip Code

<b>Your Most Recent Job Title:</b>	<b>Begin Date:</b> <b>End Date:</b>	<b>Reason for leaving:</b>	<b>Beginning Salary/Wage:</b> \$ _____ per _____ <b>Ending Salary/Wage:</b> \$ _____ per _____ <b>Hours You Worked per Week:</b> _____
Your <b>Primary Duties</b> and skills used & developed while you held this position. <b>Please indicate the number of people you supervised, if any.</b>			

4 **Company Name:** \_\_\_\_\_ **Company Address:** \_\_\_\_\_  
**YOUR SUPERVISOR'S NAME:** \_\_\_\_\_ Street Number and Street Name  
**His/Her Title:** \_\_\_\_\_  
**His/Her Telephone Number & Ext.** \_\_\_\_\_ City State Zip Code

<b>Your Most Recent Job Title:</b>	<b>Begin Date:</b> <b>End Date:</b>	<b>Reason for leaving:</b>	<b>Beginning Salary/Wage:</b> \$ _____ per _____ <b>Ending Salary/Wage:</b> \$ _____ per _____ <b>Hours You Worked per Week:</b> _____
Your <b>Primary Duties</b> and skills used & developed while you held this position. <b>Please indicate the number of people you supervised, if any.</b>			

Please use **this additional space** if you wish to comment further on any previous employment experience and any additional titles you may have held with Employers shown on Pg. 2 or other Employers not mentioned. Please identify those Employers clearly. If they are not shown on Pg. 2, please indicate below their location, phone number and your previous Supervisor's name from those Companies also.

Tell us what you know about the Reprographics industry and/or McGee Cadd? Also indicate here any special skills, knowledge and/or abilities that you possess that you believe would be of value to our Company Team and why.

## EDUCATION

School Name & Address, if available	Number of Years Completed	Type of Diploma or Degree Earned?	Describe any Special Course of Study You Completed and Skills you learned	Indicate any Honors You Earned
Elementary School				
High School				
College/University				
College/University				
Graduate/Professional				

**Do you speak any foreign languages?** If yes, please specify which languages you speak and your proficiency (fluent, good or fair). Also rank your ability (fluent, good or fair) on your ability to read and write in that/those language(s)

Are you a Veteran of the U.S. Military Service? \_\_\_\_ Yes \_\_\_\_ No (If Yes, which Branch of Service: \_\_\_\_\_)

Are you currently in the National Guard or Reserves? \_\_\_\_ Yes \_\_\_\_ No

**OPTIONAL:** List any Professional, Trade or Business Associations and Civic Activities you were or are now involved with:  
(You may exclude those which indicate political, racial, religious, national or gender specific affiliation)

**REFERENCES:** (Please provide three) Give name, address, telephone number of three references who are not related to you and who are not previous employers. Please also comment on how they know you and for how long they've known you.

Name	Address	Phone Number	How does this person know you?	How long has this person known you?
1.				
2.				
3.				

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

I authorize investigation of all statements contained in this application for employment as may be necessary in order for McGee Cadd to determine my suitability for any possible employment with them now or in the future. I understand that this application is not and is not intended to be an offer of nor a contract of employment.

In the event of employment, I understand that any false or misleading information given in this, my Application For Employment, or any subsequent interview(s) that I may have with McGee Cadd may result in discharge. I understand also that in the event of my employment with McGee Cadd, I am required to abide by all rules and regulations of McGee Cadd.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FOR USE BY MCGEE CADD HUMAN RESOURCES DEPARTMENT AND/OR MANAGEMENT ONLY**

Interview Date: \_\_\_\_\_ with (McGee Cadd Interviewers Names) \_\_\_\_\_ Is Position Applied for Currently Open? \_\_Yes \_\_No

INTERVIEWER'S NOTES/COMMENTS:

Interview Date: \_\_\_\_\_ with (McGee Cadd Interviewers Names) \_\_\_\_\_ Is Position Applied for Currently Open? \_\_Yes \_\_No

INTERVIEWER'S NOTES/COMMENTS:

Employed? \_\_Yes \_\_No If Yes, Date Employment Begins \_\_\_\_\_ Job Title: \_\_\_\_\_ Hrly Rate/Salary: \_\_\_\_\_ per \_\_\_\_\_

HIRED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and Title)

If No, specify any other positions this applicant may be considered for now or in the future? \_\_\_\_\_