

Application for Employment

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Wilmington, NC 28401
(910)392-5500 Fax (910)799-1212
email: mcgee01@mcgee-cadd.com

☐ 2095 S. 17th Street
Greenville, NC 27834
(252)752-4400 Fax (252)752-0530
email: mcgee02@mcgee-cadd.com

☐ 483 Western Blvd.
Jacksonville, NC 27846
(910)353-2600 Fax (910)353-36000
email: mcgee04@mcgee-cadd.com

☐ 2110 Fort Bragg Road, Suite 100
Fayetteville, NC 27803
(910)323-9300 Fax (910)481-8900
email: mcgee05@mcgee-cadd.com

☐ 1917 Mr. Joe White Ave.
Myrtle Beach, SC 29577
(843)916-9800 Fax (843)455-9400
email: mcgee06@mcgee-cadd.com

AN EQUAL OPPORTUNITY EMPLOYER

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.

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? _____

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: _____
His/Her Title: _____
His/Her Telephone Number & Ext. _____

Street Number and Street Name

City

State

Zip Code

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

2 **Company Name:** _____ **Company Address:** _____
YOUR SUPERVISOR'S NAME: _____
His/Her Title: _____
His/Her Telephone Number & Ext. _____

Street Number and Street Name

City

State

Zip Code

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

3 **Company Name:** _____ **Company Address:** _____
YOUR SUPERVISOR'S NAME: _____
His/Her Title: _____
His/Her Telephone Number & Ext. _____

Street Number and Street Name

City

State

Zip Code

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

4 **Company Name:** _____ **Company Address:** _____
YOUR SUPERVISOR'S NAME: _____
His/Her Title: _____
His/Her Telephone Number & Ext. _____

Street Number and Street Name

City

State

Zip Code

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

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? _____