



# McGee Company Employment Application

## Your Contact Information

First Name	MI	Last Name
E-mail Address	Cell Phone #	Home Phone #
Current Address	City, State, Zip	
Prior Address	City, State, Zip	

**APPLICANT NOTE** - This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants, will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. a conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Which position are you applying for?

- |                      |                                      |                                 |
|----------------------|--------------------------------------|---------------------------------|
| Accounting           | Air Compressor Technician            | Customer Service Representative |
| Equipment Technician | Outside Sales Representative/Manager | Warehouse                       |
| Other                |                                      |                                 |

Which location are you interest in working for?

## JOB-RELATED SKILLS - Note: Do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have the appropriate valid driver's license?

- Yes
- No

Name on License	Driver's License #	State of Issue	Type
-----------------	--------------------	----------------	------

Have you had any moving violations within the last seven years?

Please describe:

- Yes
- No

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value for this job or company.

Have you been given a job description or had the essential functions of the job explained to you?

Do you understand these essential functions?

- |     |     |
|-----|-----|
| Yes | Yes |
| No  | No  |

Can you perform the essential functions of this job with reasonable accommodation?

- Yes
- No

## SECURITY

List states and counties of residence for the past seven years.

Have you used any names or Social Security Numbers other than given above?

Yes

No

Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

Yes

No

INCIDENT

CITY/STATE

CHARGE

COMMENTS:

---

## MOST RECENT EMPLOYER

Are you currently working for this employer?

Yes

No

If yes, may we contact?

Yes

No

Company Name

City and State

Phone #

Fax #

Dates employed - From - To

Job Title

Supervisor Name

Duties

Salary (Monthly)

Reason for Leaving

---

## SECOND MOST RECENT EMPLOYER

Company Name

City and State

Phone #

Fax #

Date employed - From - To

Job Title

Supervisor Name

Duties

Salary (Monthly)

Reason for Leaving

---

**THIRD MOST RECENT EMPLOYER**

Company Name	City and State	Phone #	Fax #
--------------	----------------	---------	-------

Date employed - From to To	Job Title	Supervisor Name
----------------------------	-----------	-----------------

Duties

Salary (Monthly)	Reason for Leaving
------------------	--------------------

---

**References**

First Name	Last Name
------------	-----------

E-Mail Address	Phone #	Years Known/Relationship
----------------	---------	--------------------------

---

First Name	Last Name
------------	-----------

E-mail Address	Phone #	Years Known/Relationship
----------------	---------	--------------------------

---

**EDUCATION**

High School	City/State	Graduated Yes No	Degree Type
-------------	------------	------------------------	-------------

College	City/State	Graduated Yes No	Degree Type
---------	------------	------------------------	-------------

Other	City/State	Graduated Yes No	Degree Type
-------	------------	------------------------	-------------

---

What are your salary requirements?	When can you start?
------------------------------------	---------------------

**CERTIFICATION AND RELEASE** - I certify that I have read and understand the applicant note this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

Resume

Cover Letter