



McGee Company Employment Application

PERSONAL INFORMATION

FULL NAME: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

CELL PHONE # _____ **E-MAIL:** _____

What position are you applying for? (circle one)

- Accounting Administration Compressor Sales Compressor Technician
- Counter (inside sales) Equipment Sales Supply Sales Service Technician
- Warehouse Other _____

Which location are you interested in working for? _____

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the U.S.? Yes No

Have you ever worked for this employer? Yes No

If yes, write the start and end dates: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

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?

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

Have you had any moving violations within the last 7 years? Yes No

If yes, please describe: _____

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 and do you understand? _____

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

PREVIOUS EMPLOYMENT

Most Recent Employer

Are you currently working for this employer? Yes No If yes, may we contact? _____

Company Name City and State

Phone # Fax # Supervisor Name

Dates employed Job Title Salary (Monthly)

Duties Reason for Leaving

SECOND MOST RECENT EMPLOYER

_____ Company Name		_____ City and State
_____ Phone #	_____ Fax #	_____ Supervisor Name
_____ Dates employed	_____ Job Title	_____ Salary (Monthly)
_____ Duties		_____ Reason for Leaving

THIRD MOST RECENT EMPLOYER

_____ Company Name		_____ City and State
_____ Phone #	_____ Fax #	_____ Supervisor Name
_____ Dates employed	_____ Job Title	_____ Salary (Monthly)
_____ Duties		_____ Reason for Leaving

REFERENCES

_____ First and Last Name		
_____ Phone #	_____ E-Mail Address	_____ Years Known/Relationship

_____ First and Last Name		
_____ Phone #	_____ E-Mail Address	_____ Years Known/Relationship

EDUCATION

High School Name _____ City and State _____ Yes No
 Graduated?

College Name _____ City and State _____ Yes No
 Graduated?

_____ Degree Type

Other _____ City and State _____ Yes No
 Graduated?

_____ Degree Type

What are your salary requirement? _____

When can you start? _____

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 maybe 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.

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