



APPLICATION FOR EMPLOYMENT

McKillican American, Inc. is an equal opportunity employer. We do not discriminate against any employee or applicant for employment because of age, religion, sex, race, color, sexual orientation, national origin, disability, veteran status or any other protected status.

First Name		Last Name		Social Security #		Date	
Mailing Address		City		State		ZIP	
Telephone #				Email Address			
Home:		Cell:					
If you have ever worked under another name, Please list name: If yes, explain:				Yes		No	
Specify which job status you will accept:				Full Time	Part Time	Regular	Seasonal
Are you over the age of 18?		Are you 21 or older?		Wages desired		Date available to begin work?	
Yes	No	Yes	No				
Specify all days and hours you are available to work:							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
Are you available to work variable shifts?				Days	Swing	Weekends	Graveyard
Some positions may require overtime, does this pose a problem for you? If yes, explain:						Yes	No
Are you currently on layoff status, leave of absence or other suspension of employment and subject to recall with another employer? If yes, explain:						Yes	No
Have you ever been discharged (or terminated) by a former employer? If yes, explain:						Yes	No
Have you ever been convicted of a criminal offense other than traffic violations within the past ten years? If yes, explain:						Yes	No
Are you willing to submit to a drug screen?						Yes	No
Are you willing to submit to a credit check?						Yes	No
Are you currently enrolled in school?							
Yes		No				Grade:	
Estimated Graduation Date				Course / Major			

EMPLOYMENT RECORD

List each job held. Start with your present (or last) employer first, including military service. Explain any gaps. Do not omit any job.

Employer	Dates Employed	
Address	From:	To:
Telephone#	Supervisor	
Job Title		
Reason for Leaving	Starting:	Ending:
Describe your duties & responsibilities	May we contact? Yes	No

Employer	Dates Employed	
Address	From:	To:
Telephone#	Supervisor	
Job Title		
Reason for Leaving	Starting:	Ending:
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Address	From:	To:
Telephone#	Supervisor	
Job Title		
Reason for Leaving	Starting:	Ending:
Describe your duties & responsibilities	May we contact? Yes	No

EDUCATION HISTORY

Education	Name & Address of School	Graduated	Course or Major	Degree
High School				
College				
Graduate School				
Other				

REFERENCES

List 3 non-relatives who are familiar with your qualifications and actual work history and ability:

Name	Name
Telephone	Telephone
Occupation	Occupation
Relationship	Relationship

Name	Additional qualifications (List any additional experience, special training, skills or qualifications that you feel would qualify you for this position. Include hobbies, volunteer or recreation as it may relate to the position):
Telephone	
Occupation	
Relationship	

I, _____, certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement, omission or falsification of information is grounds for refusal to hire or, if hired, dismissal.

I authorize the verification of all information on my application, and further authorize any of the persons or organizations listed on my application to give the employer and /or recruiter any and all information concerning my past and present employment, education or any other information they might have which is pertinent to my employment qualifications. I agree to release all parties from all liabilities for any damage that may result from furnishing such information to this employer and/or recruiter.

In consideration for my employment and my being considered for employment by this employer, I agree to conform to the rules and regulations of the employer and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the company's sole options and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the company or myself. I understand the 90 day probation period is a time that allows both parties the opportunity to decide if the hiring decision was in the best interests of all. During this time, either party may terminate employment. The termination will be in compliance with the regulations of the region of employ.

I understand that only designated company representatives have the authority to enter into agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I acknowledge that I have been advised that this application will not remain active once a decision about the position has been made. I approve and submit.

Signature of Applicant

Date