

McDERMID CORPORATIONS INC

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST M.I.

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

ADDRESS: _____
STREET APARTMENT/UNIT #

CITY STATE ZIP CODE

PHONE: _____ E-MAIL: _____

ARE YOU 18 YEARS OR OLDER? ____ YES ____ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ____ YES ____ NO

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____ START DATE? _____

CURRENTLY EMPLOYED? ____ YES ____ NO MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ____ YES ____ NO WHEN? _____

HAVE YOU BEEN TOLD THE ESSENTIAL FUNCTIONS OF THE POSITION OR HAVE YOU BEEN GIVEN A COPY OF THE JOB DESCRIPTION LISTING THE ESSENTIAL FUNCTIONS OF THE POSITION? ____ YES ____ NO

CAN YOU PERFORM THESE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION? ____ YES ____ NO

REFERRED BY: _____

MILITARY SERVICE

HAVE YOU SERVED IN THE U.S. MILITARY? ____ YES ____ NO YEARS OF SERVICE: _____

BRANCH: _____ RANK: _____

EMERGENCY CONTACT

NAME ADDRESS PHONE NUMBER RELATIONSHIP

EMPLOYMENT HISTORY				
CURRENT EMPLOYER		START DATE	END DATE	
JOB TITLE		SUPERVISOR'S NAME	PHONE NUMBER	
CITY		STATE	ZIP CODE	
DUTIES				
REASONS FOR LEAVING		STARTING SALARY	ENDING SALARY	
PREVIOUS EMPLOYER		START DATE	END DATE	
JOB TITLE		SUPERVISOR'S NAME	PHONE NUMBER	
DUTIES				
REASONS FOR LEAVING		STARTING SALARY	ENDING SALARY	
PREVIOUS EMPLOYER		START DATE	END DATE	
JOB TITLE		SUPERVISOR'S NAME	PHONE NUMBER	
DUTIES				
REASONS FOR LEAVING		STARTING SALARY	ENDING SALARY	
PREVIOUS EMPLOYER		START DATE	END DATE	
JOB TITLE		SUPERVISOR'S NAME	PHONE NUMBER	
DUTIES				
REASONS FOR LEAVING		STARTING SALARY	ENDING SALARY	
EDUCATION				
	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY:

LIST ANY SPECIAL SKILLS AND/OR TRAINING RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

ACCIDENT RECORD FOR THE PAST 3 YEARS (DRIVERS ONLY)

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (Most recent first)	NATURE OF THE ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (DRIVERS ONLY)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

REFERENCES			
NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

THE FOLLOWING STATEMENT APPLIES IN WISCONSIN:

IT IS UNLAWFUL IN THE STATE OF WISCONSIN TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND, I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSION OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE OF APPLICANT

DATE