

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

HOME PHONE: _____ CELL PHONE: _____

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? YES NO

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		
PREVIOUS EMPLOYER	START DATE	END DATE
JOB TITLE	SUPERVISOR'S NAME	PHONE NUMBER
DUTIES		
REASONS FOR LEAVING	STARTING SALARY	ENDING SALARY
PREVIOUS EMPLOYER		
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:

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