

# 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

**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:

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

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**ACCIDENT RECORD FOR THE PAST 3 YEARS (DRIVERS ONLY)**

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

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

<b>DATE CONVICTED</b> (Month/Year)	<b>VIOLATION</b>	<b>STATE OF VIOLATION</b>	<b>PENALTY</b> (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.

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*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."

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*SIGNATURE OF APPLICANT*

*DATE*