

D.T. McCALL AND SONS EMPLOYMENT APPLICATION

Date _____ Position Applied For _____

Name _____
Last
First
Middle
Maiden

Present Address _____
Number
Street
City
State
Zip

How long at present address _____ Telephone (____) _____

If under 18, please list age _____ Social Security No. _____ - _____ - _____

How many hours can you work weekly? _____ Days/Hours available to work

Date available for work? _____ No Pref _____ Thurs _____

Desired salary range _____ Mon _____ Fri _____

Tues _____ Sat _____

Wed _____ Sun _____

Employment desired Full-time only Part-time only Full or Part-time

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Do any of your friends or relatives work here? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever used any names or Social Security Numbers other than given above? Yes No
 If so, please list in comments below.

Have you ever been convicted of a crime? Yes No

If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at the time of offense, remoteness of the offense, time since last conviction, nature of the job sought, and rehabilitation effort will be reviewed.)

Incident	City/State	Charge	Types of Rehabilitation
1.			
2.			

Additional Comments:

Do you have an appropriate valid driver's license? Yes No

Driver's License Number _____ Expiration Date _____ State of Issue _____

Operator Commercial (CDL) Chauffeur

What is your means of transportation to work? _____

How many driving accidents have you incurred in the past three years? _____

How many moving violations during the past three years? _____

Have you been given a job description or had the essential functions of the job explained to you? Yes No

Do you understand these essential functions? Yes No

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus or Trade School				
Professional Schools				

Have you ever been in the armed forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Date entered _____ Discharge Date _____

Additional Comments:

Work Experience: Please list your work experience beginning with your most recent job held.

Name of employer _____ Address _____ Phone number _____ Job Title _____ Name of Supervisor _____ Reason for leaving (be specific) _____	Employment Dates: From _____ To _____ Salary History: Start _____ Final _____ Work performed, skills used, advancements, promotions: _____ _____ _____
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May we contact your present employer? ___ Yes ___ No

Did you complete this application yourself? ___ Yes ___ No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by D.T. McCall and Sons (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship can not be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I authorize the Company, by and through its independent contractor, to procure a consumer report and/or investigative consumer reports. These reports may include, but are not limited to, employment and education verifications, personal references, driving records (including any traffic citations), a social security number verification, present and former addresses, criminal and civil history records, workers' compensation history reports, and any other public record.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability.

Thank you for completing this application form and for your interest in our business.

